



# BUILDING JOB SITE CARD

## City of Belle Isle

### MECHANICAL PERMIT 2018-04-063

PERMIT MUST BE POSTED ON SITE

Permit Number: 2018-04-063

Issue Date: 04-24-2018

Site Address: 1721 Stafford Dr - 32809

Parcel Number: 30-25-30-0610-00-580

Subdivision:

Class: Residential

Description of Work: HVAC change out 5 ton

Issued To: By Owner

Business Phone: 701-840-3065

Name: Travis Haas and Shannon (Winston)

Contractor License #: N/A

Payment Date & Method: 4-25-18 VISA 9340

104.50

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@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
500 Above Ceiling			
510 Rough			
520 Hood Vent			
530 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.



# 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)

RECEIVED  
APR 24 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: 4/23/2018

PERMIT NUMBER 2018-04-063

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

Project Address 1721 Stafford Dr. Haus, Shannon & Travis, Belle Isle FL 32809 32812  
Property Owner Travis Haus, Shannon Haus Phone 701-840-5065  
Property Owner's Mailing Address 1721 Stafford Dr. City Belle Isle  
State FL Zip Code 32809 Parcel Id Number: 30-23-50-0610-00-580

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

Heating: # of Units KWS Per Unit \_\_\_\_\_ Total KWS 10 BTU's \_\_\_\_\_ Estimated Cost \$ 2,000.00  
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.

Home owner Shannon Haus LICENSE # NA

Home owner Shannon Haus COMPANY NAME NA

Street Address 1721 Stafford Dr

City Belle Isle State FL Zip Code 32809 Phone Number 913-954-0321

Email Address maureenlozz@hotmail.com

Permit Fee \$ 67.50

Review Fee \$ 33.50

1% BCAIB Fee \$ 2.00

1.5% DCA Fee \$ 2.00

Total Permit Fee \$ 104.50

Building Official: SM Date 4-24-18  
Verified Contractor's Licenses & Insurance are on file ju Date 4-24-2018  
6028-0154088

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  
Stonsx6 30  
67 ÷ 2  
33.50  
100.50

PAID 4-25-18 VISA 9340  
Building Permit Number \_\_\_\_\_



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### OWNER BUILDER DISCLOSURE STATEMENT

Per Florida Statute 455.228:

Homeowners hiring unlicensed Contractors may be  
subject a fine of up to \$5,000.00!

Before me this day personally appeared Shennetta S, who being duly sworn, deposes, and says as follows. "I hereby acknowledge that I have read and fully understand the individual provisions of this instrument."

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license SH Initial
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.. SH Initial
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. SH Initial
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000.00. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. SH Initial
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. Initial
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance. SH Initial
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit, that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. SH Initial
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. SH Initial
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. SH Initial
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850)487-1395 or [www.Call.Center@dbpr.state.fl.us](mailto:www.Call.Center@dbpr.state.fl.us) for more information about licensed contractors. SH Initial

Owner Builder Disclosure Statement

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

Project Address: 1721 Stafford Dr Initial SH

12. I agree to notify the City of Belle Isle Building/Zoning Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. SH Initial

13. FBC 105.3.6 requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. SH Initial

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if any unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: Shannon Haas (Signature of the property owner) Print: Shannon Haas (Name of the property owner)
Signature: (Signature of the property owner) Print: (Name of the property owner)
Owner's Address: 1721 Stafford Dr, Belle Isle FL 32809
The foregoing instrument was acknowledged before me this 4 / 23 / 2018 by SHANNON M. WINSTON (HAAS) who is personally known to me / who produced the following FLDL as identification and who did not take an oath.
State of Florida / County of ORANGE Seal: Dominique Jean Notary Public State of Florida MY COMMISSION # FF 238762 Expires: June 9, 2019
Notary Signature