

BUILDING JOB SITE CARD City of Belle Isle

MECHANICAL PERMIT 2018-03-053

PERMIT MUST BE POSTED ON SITE

Permit Number: 2018-03-053

Issue Date: 03-21-2018

Site Address: 2807 Trentwood Blvd 32812

Parcel Number: 30-23-30-0000-00-009

Subdivision:

Class: Residential

Description of Work: HVAC change out one 5 ton unit no duct work

Issued To: Belle Air Inc Name: Burbano, Louis Business Phone: 407 410 7296

4/17/2018

Contractor License CAC1816644

Payment Date & Method:

□ Amex □ Discover □ Check / Money Order #_5 276

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 NOTICE 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 COMMENCEMENT."

| 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

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: 3 | | | IIT NUMBER | |
|--|--|---|---|---|
| PLEASE PRINT. The under | signed hereby applies for a pem | nit to make installations as | indicated below: | |
| Project Address 2807 Tre | ntwood Bivd. | | Rolle Isla FI 321 | 109 32812 |
| Property Owner Tima & Jo | ose Aponte | | —, Belle Isla El 321 Phone 407-251-7 | 782 |
| Property Owner's Mailing Ad | dress 2807 Trentwood Bi | vo. 30-23-30-00 | - Silv | |
| State FL Zip Cod | ose Aponte dress 2807 Trentwood Bl dress 32812 | 30-23-30-00 | | |
| | MEQUINEDI | To obtain this information, please | wish http://www.ocpafi.org/ | earches/ParcelSearch.a |
| Class of Building: Old [X] Type of Work: New A | | ng: Residential 🔼 Comm | nercial Other | |
| Please indicate the nature of | work by completing the informa | tion below: | | |
| Air Conditioning: # of Units 1 | | Total Tons 5 | | |
| Type of System: Water to Air | ChillerSplit System | Package Heat Pum | X Estin | ated Cost \$ 6,695 |
| Heating: # of Units KWS Per Ur | nit 1 Total KWS 10 | вт∪∗ 56500 | Estin | sated Cost S |
| OIE | lectric Boiler | Gas | | ~ |
| | | | | ost Fee \$ |
| rees la nams below are base. Ventilation: | d on valuation of all units, equipa | rent, meering and Aloce sup | peed by owner a consuct | ov. |
| (Number of) Grease He | et Hoods, Air Intakes | Exhaust Fans Dry | er Vents Estin | nated Cost \$ |
| Refrigeration: Number of units . | * | | Estin | ated Cost \$ |
| | Steam Chill Water | | | eted Cost S |
| | Steam Child Middler | | | 5 |
| Adhesia (Paradhi) | | | Cotion | arted Cost S |
| Omera: (Spacity) | | | Catha | REACU COM 3 |
| Others: (Specify) Was the space previously Air | Conditioned? Yes No | | 1 | Cost Fee \$ |
| Was the space previously Air | | of my knowledge and make | (B) Estimate | d Cost Fee \$ |
| Was the space previously Air if hereby certify that the above | e is true and correct to the best | | (B) Estimate Application for Permit as o | d Cost Fee 8_ utlined above, and if |
| Was the space previously Air of the above same is granted I agree to confidence to con | | gulations and City Ordinances | (B) Estimate Application for Permit as o regulating same and in acco | 1 Cost Fee 8_ utlined above, and if irdance with plans |
| Was the space previously Air of I heroby certify that the above same is granted I agree to conformation. The issuance of this | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission | gulations and City Ordinances | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co | I Cost Fee 8_ utlined above, and if rdance with plans ies and/or ordinance |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confosubmitted. The issuance of this LICENSE HOLDER SIGNAT | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE | gulations and City Ordinances to violate any applicable Tow | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co LICENSE # CAC181 | I Cost Fee 8_ utlined above, and if irdance with plans ies and/or ordinance 6644 |
| Was the space previously Air of I hereby certify that the above same is granted I agree to conficulting. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME | e is true and correct to the beat orm to all Florida Building Code Reg permit does not grant permission URE | gulations and City Ordinances | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co LICENSE # CAC181 | I Cost Fee 8_ utlined above, and if irdance with plans ies and/or ordinance 6644 |
| Was the space previously Air of I hereby certify that the above same is granted I agree to conficulting. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME. Street Address 14136 Arr | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE | gulations and City Ordinances to violate any applicable Tow COMPANY NA | (B) Estimate Application for Permit as o regulating same and in accordance and/or State of Florida con LICENSE # CAC181 ME Belle Air Inc. | d Cost Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to conficulting. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME. Street Address 14136 Arr | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE | gulations and City Ordinances to violate any applicable Tow | (B) Estimate Application for Permit as o regulating same and in accordance and/or State of Florida con LICENSE # CAC181 ME Belle Air Inc. | d Cost Fee 8_ utlined above, and if indance with plans des and/or ordinance 16644 |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confosubmitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Arr Orlando | e is true and correct to the beat orm to all Florida Building Code Reg permit does not grant permission URE | gulations and City Ordinances to violate any applicable Tow COMPANY NA | (B) Estimate Application for Permit as o regulating same and in accordance of Florida coordinates LICENSE # CAC181 ME Belle Air Inc. Phone Number 407 | d Coal Fee 8 |
| Was the space previously Air of I hereby certify that the above same is granted I agree to conficusionitised. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address Offando | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Ouis Burbano nelia Island Way State | gulations and City Ordinances to violate any applicable Tow COMPANY NA | (B) Estimate Application for Permit as o regulating same and in accordance and/or State of Florida con LICENSE # CAC181 ME Belle Air Inc. | d Coal Fee 8 |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confusionitized. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Air Orlando | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Ouis Burbano nelia Island Way State | gulations and City Ordinances to violate any applicable Tow COMPANY NA | (B) Estimate Application for Permit as o regulating same and in accommand/or State of Florida command/or State of Florida command LICENSE # CAC181 Belle Air Inc. Phone Number | d Coal Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confusionitized. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Air Orlando | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Ouis Burbano nelia Island Way State | gulations and City Ordinances to violate any applicable Tow COMPANY NA | (B) Estimate Application for Permit as o regulating same and in accordance of Florida coordinates LICENSE # CAC181 ME Belle Air Inc. Phone Number 407 | d Coal Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confusionitized. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Air Orlando | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Outs Burbano nelia Island Way State PL | gulations and City Ordinances to violate any applicable Tow COMPANY NA Zip Code 32828 | (B) Estimate Application for Permit as o regulating same and in acco and/or State of Florida co LICENSE # CAC18: Belle Air Inc. Phone Number 407- | d Coal Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confidentiated. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address Orlando City Orlando Email Address belleairaco | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Outs Burbano nelia Island Way State PL | gulations and City Ordinances to violate any applicable Tow COMPANY NA Zip Code 32828 | (B) Estimate Application for Permit as o regulating same and in accommand/or State of Florida command/or State of Florida command LICENSE # CAC18: Belle Air Inc. Phone Number | d Coal Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confosubmitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Arr Orlando | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Outs Burbano nelia Island Way State PL | gulations and City Ordinances to violate any applicable Tow COMPANY NA Zip Code 32828 | (B) Estimate Application for Permit as o regulating same and in accommand/or State of Florida command/or State of Florida command/or State of Florida command LICENSE # CAC18 Belle Air Inc. Phone Number 407 Phone Number 407 Review Fee 1% RCAB Fee | d Coal Fee 8 |
| Was the space previously Air of I hereby certify that the above same is granted I agree to conficulting. The issuance of this submitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address Orlando Street Address Delleairaco Building Official: | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Outs Burbano nelia Island Way State PL | gulations and City Ordinances to violate any applicable Tow COMPANY NA Zip Code 32828 | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co LICENSE # CAC18: WE Belle Air Inc. Phone Number 407- Phone Number 407- Review Fee 1% BCAB Fee | t Cost Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confidentiated. The issuance of this submitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Attreet Address City Orlando Delleairac (City Delleairac (C | e is true and correct to the beat orm to all Florida Building Code Rep permit does not grant permission URE Outs Burbano nelia Island Way State PL @hotmail.com | gulations and City Ordinances to violate any applicable Tow COMPANY NA Zip Code 32828 | (B) Estimate Application for Permit as o regulating same and in accommand/or State of Florida command/or State of Florida command/or State of Florida command LICENSE # CAC18 Belle Air Inc. Phone Number 407 Phone Number 407 Review Fee 1% RCAB Fee | d Coal Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confosubmitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Art Orlando Building Official: Verified Contractor's Licen | e is true and correct to the beat orm to all Florida Building Code Reg permit does not grant permission URE Outs Burbano nelia Island Way State PL @hotmail.com Da ses & Insurance are on file | company na | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co LICENSE # CAC18: WE Belle Air Inc. Phone Number 407: Phone Number 407: Review Fee 1% BCAIB Fee 1.5% DCA Fee Total Permit Fee | s COST Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confissionitised. The issuance of this submitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Arr Orlando Building Official: Verified Contractor's Licen NOTE: The Building Permit N | e is true and correct to the beat orm to all Florida Building Code Reg i permit does not grant permission URE Ouis Burbano nelia Island Way State PL @hotmail.com Da ses & Insurance are on file | company NA Zip Code 32828 Date 3 - 2 (-2) Date 3 - 2 (-2) | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co LICENSE # CAC18: WE Belle Air Inc. Phone Number 407: Phone Number 407: Review Fee 1% BCAIB Fee 1.5% DCA Fee Total Permit Fee | s COST Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confissionitised. The issuance of this submitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Arr Orlando Building Official: Verified Contractor's Licen NOTE: The Building Permit N | e is true and correct to the beat orm to all Florida Building Code Reg i permit does not grant permission URE Ouis Burbano nelia Island Way State PL @hotmail.com Da ses & Insurance are on file | company NA Zip Code 32828 Date 3 - 2 (-2) Date 3 - 2 (-2) | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co LICENSE # CAC18: WE Belle Air Inc. Phone Number 407: Phone Number 407: Review Fee 1% BCAIB Fee 1.5% DCA Fee Total Permit Fee | s COST Fee \$ |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confission in the issuance of this submitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Air Orlando Building Official: Verified Contractor's Licen NOTE: The Building Permit N | e is true and correct to the beat orm to all Florida Building Code Reg i permit does not grant permission URE Ouis Burbano nelia Island Way State PL @hotmail.com Da ses & Insurance are on file | company NA Zip Code 32828 Date 3 - 2 (-2) Date 3 - 2 (-2) | (B) Estimate e Application for Permit as o regulating same and in accommand/or State of Florida co- LICENSE # CAC18: Belle Air Inc. Phone Number AC 527 AC | s COS S S S S S S S S S S S S S S S S S S |
| Was the space previously Air of I hereby certify that the above same is granted I agree to confission in the issuance of this submitted. The issuance of this LICENSE HOLDER SIGNAT LICENSE HOLDER NAME Street Address 14136 Air Orlando Building Official: Verified Contractor's Licen NOTE: The Building Permit N | e is true and correct to the beat orm to all Florida Building Code Reg is permit does not grant permission URE Outs Burbano nelia Island Way State PL @hotmail.com Da ses & Insurance are on file | company NA Zip Code 32828 Date 3 - 2 (-2) Date 3 - 2 (-2) | (B) Estimate Application for Permit as o regulating same and in acco n and/or State of Florida co LICENSE # CAC18: WE Belle Air Inc. Phone Number 407: Phone Number 407: Review Fee 1% BCAIB Fee 1.5% DCA Fee Total Permit Fee | s COS S S S S S S S S S S S S S S S S S S |

100.50

009-00774021 710/2017 2000 of by the Tax Collector. PIT AIC CONTINUCTOR : 1

IMPS.

1



CERTIFICATE OF LIABILITY INSURANCE

60/16/3018 THE CENTRICATE IN MINIED AS A MATTER OF SEPORMATION CELY AND CONFIDE NO MINIS UPON THE CENTRICATE HOLE CENTRICATE SOES NOT APPRIMATIVELY OF HEIGHTWELY ANDREA, EXTEND ON ALTER THE COVERAGE APPOINTED BY THE PO SELOW. THE CENTRICATE OF MINIMANCE SOES NOT CONSTITUTE A CONTRACT SETWEEN THE INSLESS NEEDING, AUTHOR St. Tree REPRESENTATIVE OR PRODUCER, AND THE CONTRICATE NOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CONTRICATE NO.

REPRESENTATIVE OR PRODUCER, AND THE CONTRICATE NO. ووظا مسيا 407-730-3448 The Thompson Agency, he VIII me 407-739-3459 the property of the last 22301 Labo Undubili Shi ATTEMPT OF THE PARTY. **Suito 261** مطلقة PE. 30000 IS PROPERTY & CASUALTY INSURANCE OF DA: CYPES Colomba STEEL MATTER BUILDINGS COMPANY OCIATIO INCULTA SE EMERANCE CO Maria A Delle Alt. Inc MO z Militi Amelio bilani Way FL 32020-4008 mans: THE RESTOCUTIVE WAT THE POLICES OF BRUSHING LISTED BELOWING THE BRUSH TO THE BRUSH DIMED AND E PART HE POLICY FROM CONTINUED TO THE BRUSH DIMED AND E PART HE POLICY FROM CONTINUED OF ANY CONTINUED CONTINUED CONTINUED OF ANY CONTINUED CONTINUED CONTINUED OF ANY CONTINUED CONTI 1,000,0 CLARGE STEEL THE COORDS 3.0 A SCE. 0009729-01 11/03/2007 | 11/03/2008 BOSHLA ABY BUILDY O LANGE MATE LINE APPLIES PER HERVIL ARBUTANATE TOURS-COMPOR AGO | 1,600,600 POLICY DE MCC 360,000 AUTOS CHLY 09/26/2018 \$204079040703 99/24/2017 - January WTOD CHLY docum HOM GOODWATERNOON -X Millions THE REST 1/H ation is a second LL BACH ACCOUNT C AWC1005300 00/20/2017 00/20/2008 LL BROWS-SAGERAN A CONTRACTOR OF STREET LL CORRECT POLICY LANT & STARTS 10 101, Additional Recognition Colombia, or HOTORIANO ALACAMONIA CONTENCATE MOLOGR CONTRACTOR ICILLO ANY OF THE AMORE ESTICATED POLICIES SE CHICIELEO SEFCHE. E ESPERATION CATE TICENEST, NOTICE VILL SE CELMUNIO M RESIDANCE VINN THE POLICY PROVINCIA. City of Bollo Life 1600 10da

© 1889-0045 ACOURT CORPORATION. All rights recen

Dalle Lide, PL 33000

Julia A Thompson

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

The CLASS BAIR CONDITIONING CONTRACTO CAC 1818844



ISSUED:

08/14/2010



SEQ | 11608140002883