



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

Business Phone: 407 410 7296

Name: Burbano, Louis

Contractor License CAC1816644

Payment Date & Method: **4 / 17 / 2018**

Visa Master Card Amex Discover Check / Money Order # **5276**

Schedule Inspections via Email at: 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; 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
MAR 21 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: 3-21-18

PERMIT NUMBER 2018-03-053

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

Project Address 2807 Trentwood Blvd. Belle Isle FL 32809 32812
Property Owner Tina & Jose Aponte Phone 407-251-7782
Property Owner's Mailing Address 2807 Trentwood Blvd. City _____
State FL Zip Code 32812 Parcel ID Number: 30-23-30-0000-00-009
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 5 Total Tons 5
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 6,695.01
Heating: # of Units KWS Per Unit 1 Total KWS 10 BTU's 56500 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 # CAC1816644
LICENSE HOLDER NAME Louis Burbano COMPANY NAME Belle Air Inc.
Street Address 14136 Amelia Island Way
City Orlando State FL Zip Code 32828 Phone Number 407-410-7296
Email Address belleairac@hotmail.com

MC 5276
PAID
4-17-18

Building Official: <u>SM</u> Date <u>3-21-18</u>	Permit Fee	\$ <u>67.-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u> Date <u>3-21-2018</u>	Review Fee	\$ <u>33.50</u>
	1% BCAB Fee	\$ <u>2 min</u>
	1.5% DCA Fee	\$ <u>2 min</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.

base 37
5 tons x 6 30
67 ÷ 2
33.50
100.50

Building Permit Number replaces expired 2017-02-002

Scott Randolph, Tax Collector Local Business Tax Receipt **Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other public ordinances. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

8000 BUSINESS OFFICE 2017 \$31.00 1 EMPLOYER'S TAX AC CONTRACTOR 8000-1000714 EMPLOYER

TOTAL TAX \$31.00
PROPERTY TAX \$0.00
TOTAL DUE \$31.00

14150 ANABELA ISLAND WAY
U - ORLANDO, 32835

PAID: 8000 0900-08774821 71022017



WELLS FARGO BANK
14150 ANABELA ISLAND WAY
ORLANDO FL 32835

This receipt is official when released by the Tax Collector.

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

CAC1818844

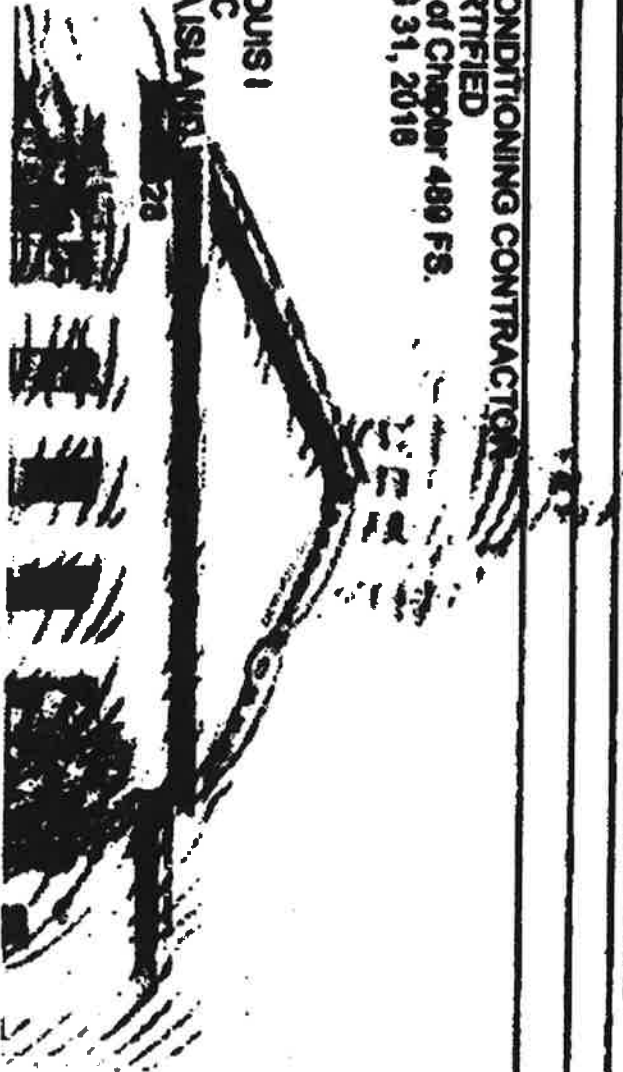
The CLASS B AIR CONDITIONING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 F.S.

Expiration date: AUG 31, 2018

BURBANO, LOUIS I
BELLE AIR INC
14136 AMELIA ISLAND
ORLANDO



ISSUED: 09/14/2018

DISPLAY AS REQUIRED BY LAW

SEQ # L1808140002883

