



City of Belle Isle Job Site Card Mechanical PERMIT 2018-04-005

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: 2018-04-005

Issue Date: 4/03/2018

Site Address: 3018 Hoffner Ave 32812

Parcel # 19-23-30-4382-02-410

Class: Residential Subdivision:

Description of Work: Change out one 3 ton and one 4 ton units

Issued To: CARPENTER'S COOLING LLC

Business Phone: 407 595-5946

Name: CARPENTER, KEVIN W

Contractor License #: CAC1818573

Payment Date & Method: 4 / 13 / 2018

Visa Master Card Amex Discover Check / Money Order # 5012

Schedule Inspections via Email at: BD scheduling@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 BD scheduling@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.universaleengineering.com

RECEIVED
APR - 2 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: 4/2/18

PERMIT NUMBER 2018-04-005

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

Project Address 3018 Hoffner Avenue 3018 Hoffner Ave Belle Isle FL 32809 X 32812
Property Owner shows as Thomas Dreiling Trust 'Tirn Perry just purchased it last Friday Phone 321-278-0233
Property Owner's Mailing Address 3018 Hoffner Avenue City Belle Isle
State FL Zip Code 32812 Parcel Id Number: 19-23-30-4382-02-410 321-278-0233
19-23-30-4382-02-410
To obtain this information, please visit <http://www.ocpal.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 2 Tons Per Unit 3.5-ton Total Tons 7-ton **TOTAL 7 TONS**
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 21,800.-

Heating: # of Units 10kw Total KWS 10 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 _____ Estimated Cost \$ _____

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

Others: (Specify) Equip Change Out/4ton, 15seer, 10kw heat pump, 12.5 eer, 8.2 hsp 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 # CAC1818573

LICENSE HOLDER NAME Kevin W. Carpenter COMPANY NAME Carpenter's Cooling, LLC

Street Address 3506 Raeford Road

City Orlando State FL Zip Code 32806 Phone Number 4075955946

Email Address carpenterscooling@gmail.com

Building Official: <u>SM</u> Date <u>4-2-18</u>	Permit Fee	\$ <u>79.-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u> Date <u>4-2-18</u>	Review Fee	\$ <u>39.50</u>
	2.5% Florida Surcharge	\$ <u>4.- min</u>
	Total Permit Fee	\$ <u>122.50</u>

need NOT RECORD 4-16-2018

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
79 ÷ 2
39.50
118.50

PAID 4-13-18 MC 5012

Record Notarized Document at OC Comptroller's Office - 109 E. Church Street, Suite 300, Orlando

Permit Number: _____
 Folio/Parcel Identification Number: 19-23-30-4382-02-410
 Prepared by: Lacey Carpenter /Carpenter's Cooling, LLC
3506 Raeford Road
Orlando, FL 32806
 Return to: Carpenter's Cooling, LLC
3506 Raeford Road
Orlando, FL 32806

DOCH 20180222647
 04/13/2018 01:10:19 PM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: CARPENTER S COOLING LLC



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)
Lake Conway Estates, Section 4, Y/36, Lot 241- 3018 Hoffner Ave., Belle Isle, FL 32812
2. **General description of improvement**
Installation of HVAC system
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Timothy Perry
 Address 3018 Hoffner Avenue, Belle Isle, FL 32812
 Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Kevin W. Carpenter w/ Carpenter's Cooling, LLC Telephone Number 4075955946
 Address 3506 Raeford Road, Orlando, FL 32806
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)



I hereby certify that this is a true copy of the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: [Signature] DATED: 4/13/18

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

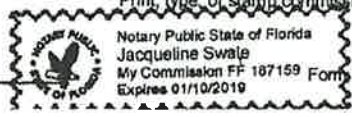
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

[Signature] Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Owner Signatory's Title/Office

The foregoing instrument was acknowledged before me this 3 day of April 2018 by Timothy Perry
 as Owner for Timothy Perry
month/year name of person

[Signature] Signature of Notary Public - State of Florida
Jacqueline Swate Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____



Notary Public State of Florida
 Jacqueline Swate
 My Commission FF 187159 Form Revised: September 26, 2011
 Expires 01/10/2019