



# BUILDING JOB SITE CARD

## City of Belle Isle

### MECHANICAL PERMIT 2018-03-073

**PERMIT MUST BE POSTED ON SITE**

Permit Number: 2018-03-073

Issue Date: 03/27/2018

Site Address: **3549 Country Lakes Dr. 32812**

Parcel Number: 20-23-30-4980-00-410

Subdivision:

Class: Residential

Description of Work: **HVAC change out 4 ton unit**

**Issued To:** ONE STOP COOLING & HEATING, LLC

**Business Phone:** 407 975-2762

**Name:** STINE, KEVIN WYATT

**Contractor License #:** CAC032444

**Payment Date & Method:** 4 / 18 / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # 8174

\$ 95.50

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.

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)



# City of Belle Isle

1600 Neia Avenue, Belle Isle, FL 32809

Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

## 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: 3/27/18

PERMIT NUMBER 2018-03-073

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

Project Address 3549 Country Lakes Rd. Belle Isle FL 32809 ✓ 32812  
Property Owner Michael Menix Phone \_\_\_\_\_  
Property Owner's Mailing Address 3549 Country Lakes Rd. City Orlando  
State FL Zip Code 32812 Parcel Id Number: 20-23-30-4980-00-410

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  change out

- REQUIRED Tie Down Engineering and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space – provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, provide a Duct Certification as per FB 101.4.7.1 (form can be found on website)

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

Air Conditioning: # of Units 1 Tons Per Unit 4 Total Tons 4.0  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ 6548

Heating: # of Units KWS Per Unit 1 Total KWS 5 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) \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Was the space previously Air Conditioned? Yes \_\_\_\_\_ No \_\_\_\_\_ (B) Estimated Cost Fee \$ \_\_\_\_\_

Building Official: SM Date 3-27-18 25  
LIC/INS ✓

Review & Permit Fee \$ 91.50  
Florida Surcharge \$ 4.00 min  
Total Permit Fee \$ 95.50

VISA 8174 on 4-18-18

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 # CAC032444

LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling & Heating, LLC

Street Address 7725 Sandstone City Square Winter Park Rd 32789

City Winter Park State FL Zip Code 32789 Phone Number 407-629-6920

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 Building Permit Number \_\_\_\_\_

4 tons x 6  
24  
61.2  
30.50  
91.50  
karol.montalvo@onestopcooling.com

# Certificate of Product Ratings

AHRI Certified Reference Number : 9140421

Date : 03-27-2018

Model Status : Active

AHRI Type : HRCU-A-CB

Series : MERIT 14HPX SERIES

Outdoor Unit Brand Name : LENNOX

Outdoor Unit Model Number (Condenser or Single Package) : 14HPX-048-230-21

Indoor Unit Model Number (Evaporator and/or Air Handler) : CBX25UH-048-230-\*

The manufacturer of this LENNOX product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of ANSI/AHRI 210/240 with Addenda 1 and 2, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 49000

SEER : 14.00

EER (A2) - Single or High Stage (95F) : 12.00

Heating Capacity (H12) - Single or High Stage (47F) : 47000

HSPF (Region IV) : 8.20



†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.  
Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

#### DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at [www.ahrirectory.org](http://www.ahrirectory.org).

#### TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahrirectory.org](http://www.ahrirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

©2018 Air-Conditioning, Heating, and Refrigeration Institute



we make life better™

**CERTIFICATE NO.:**

131666343244264997



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

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**STINE, KEVIN WYATT  
ONE STOP COOLING & HEATING, LLC**

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](http://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**

<b>LICENSE NUMBER</b>	
CAC032444	



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

**STINE, KEVIN WYATT  
ONE STOP COOLING & HEATING, LLC  
7225 SANDSCOVE COURT  
SUITE 1  
WINTER PARK FL 32792**



ISSUED: 06/12/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606120000910





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/21/2017

**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).**

<b>PRODUCER</b> Bouchard Insurance for WBS P.O.Box 6090 Clearwater, FL 33758-6090	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (866) 293-3600 ext. 623 <b>FAX</b> (A/C, No): <b>E-MAIL</b> <b>ADDRESS:</b>														
<b>INSURED</b> One Stop Cooling & Heating LLC 7225 Sandscove Court Winter Park, FL 32792	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Zurich Insurance Company</td> <td style="text-align: center;">40142</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Zurich Insurance Company	40142	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES      CERTIFICATE NUMBER: 17FL079929457      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. SUBR. INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC 00-95-769-01	12/31/2017	12/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$    1,000,000 E.L. DISEASE - EA EMPLOYEE \$    1,000,000 E.L. DISEASE - POLICY LIMIT \$    1,000,000
			<b>Location Coverage Period:</b>	12/31/2017	12/31/2018	<b>Client# 054531-MPP</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 One Stop Cooling & Heating LLC  
 7225 Sandscove Court  
 Winter Park, FL 32792  
 Coverage is provided for: One Stop Cooling & Heating LLC; One Stop Cooling & Heating Tampa LLC; One Stop Cooling & Heating Jacksonville LLC; One Stop Cooling and Heating Thermocool LLC; Harold Holdings LLC dba AC4Life, Cool-Way A/C; One Stop Plumbing Services LLC; One Stop Enterprise Florida, LLC

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Belle Isle 1600 Nela Ave Belle Isle, FL 32809	<p style="text-align: center;"><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <div style="text-align: center;"> </div>
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**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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

5000 BUSINESS OFFICE      2017      \$30.00      1      EMPLOYEE      1803      CERT PLUMBING CONTR      5000-1182672      \$30.00      1      EMPLOYEE

TOTAL TAX      \$60.00  
PREVIOUSLY PAID      \$60.00  
TOTAL DUE      \$0.00

STINE KEVIN W  
SELF WILLIAM TERRELL-QUALIFIER

ONE STOP PLUMBING SERVICES LLC  
7225 SANDSCOVE CT #1  
WINTER PARK FL 32792

7225 SANDSCOVE CT #1  
U - WINTER PARK, 32792

PAID: \$60.00 0098-00796424 8/15/2017

**Scott Randolph, Tax Collector**

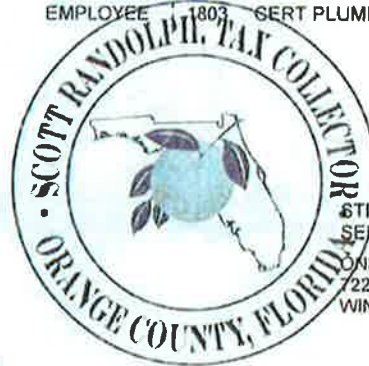
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1804	CONTR-CERT CLASS A-H	\$140.00	75	EMPLOYEE	5000	BUSINESS OFFICE	\$40.00	15	EMPLOYEE
1801	CERTIFIED RESIDENTIAL	\$30.00	1	EMPLOYEE	1801	BUILDING CONTRACTOR	\$30.00	1	EMPLOYEE

1804-0066931

TOTAL TAX                    \$240.00  
 PREVIOUSLY PAID        \$240.00  
 TOTAL DUE                 \$0.00

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