



# BUILDING JOB SITE CARD

## City of Belle Isle

### MECHANICAL PERMIT 2018-03-064

**PERMIT MUST BE POSTED ON SITE**

Permit Number: 2018-03-064

Issue Date: 03/26/2018

Site Address: **4206 Cranmore Ct. 32812**

Parcel Number: 20-23-30-1661-0670

Subdivision:

Class: Residential

Description of Work: **HVAC change out 5 ton**

Issued To: GARY MUNSON HEATING & A/C SERVICE INC

Business Phone: 407 859-1494

Name: MUNSON, GARY EUGENE

Contractor License #: CAC1814337

Payment Date & Method: **4 / 3** / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # **9912**

Schedule Inspections via Email at: [BD scheduling@universalengineering.com](mailto: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](mailto: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.

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

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

MAR 21 2018  
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 2018-03-064

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

Project Address 4206 Cranmore Ct, Belle Isle FL 32809  32812  
Property Owner Lori James Miller Phone \_\_\_\_\_  
Property Owner's Mailing Address 4206 Cranmore Ct City Belle Isle  
State FL Zip Code 32812 Parcel Id Number: 20-23-30-1661-00-760  
REQUIRED! To obtain this information, please visit <http://www.ocnfl.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   
Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's 53000  
Oil  Electric  Boiler  Gas

Estimated Cost \$ \_\_\_\_\_  
Estimated Cost \$ 6700<sup>00</sup>

(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 \$ \_\_\_\_\_

(B) Estimated Cost Fee \$ 6700<sup>00</sup>

Was the space previously Air Conditioned? Yes  No

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 Gary Munson LICENSE # CAC1814337  
LICENSE HOLDER NAME GARY MUNSON COMPANY NAME Gary Munson Htg & A/C SVC INC  
Street Address 1215 Stevens Ave  
City Orlando State FL Zip Code 32806 Phone Number 407-859-1494  
Email Address munsonac@garymunson.com

Building Official: SM Date 3-26-18  
Verified Contractor's Licenses & Insurance are on file file Date 3-21-2018

Permit Fee \$ 67-  
Review Fee \$ 33.50  
1% BCAIB Fee \$ 2 min  
1.5% DCA Fee \$ 2 min  
Total Permit Fee \$ 104.50

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.

raise  
6x5 tons  
37  
30  
67 ÷ 2  
33.50  
100.50

Building Permit Number PAID  
4-3-2018  
MC 9912



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

**CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783**

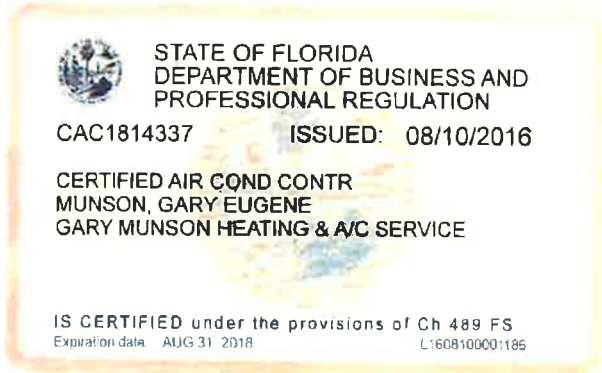
(850) 487-1395

**MUNSON, GARY EUGENE  
GARY MUNSON HEATING & A/C SERVICE INC  
1215 STEVENS AVE  
ORLANDO FL 32806**

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>	
CAC1814337	

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



**MUNSON, GARY EUGENE  
GARY MUNSON HEATING & A/C SERVICE INC  
1215 STEVENS AVE  
ORLANDO FL 32806**



ISSUED: 08/10/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608100001186



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
06/19/2017

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> LRA Insurance 498 S Lake Destiny Dr Orlando FL 32810		<b>CONTACT NAME:</b> Deidre Williams <b>PHONE (A/C, No, Ext):</b> (407)838-3445 <b>E-MAIL ADDRESS:</b> dpadgett@lrainsurance.com <b>FAX (A/C, No):</b> (407)838-3460	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Gary Munson Heating & A/C Service Inc. 1215 Stevens Avenue Orlando FL 32806		<b>INSURER A:</b> Southern Owners Ins. NAIC # 10190 <b>INSURER B:</b> Owners Insurance Company <b>INSURER C:</b> FFVA Mutual Insurance Co. 10385 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 17-18 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:			72028875	06/18/2017	06/18/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired/Nonowned Auto \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4106851801	06/18/2017	06/18/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BFCGL \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			4106851801	06/18/2017	06/18/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<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 <input type="checkbox"/> Y <input type="checkbox"/> N		N/A	WC840-0028520-2017A	06/18/2017	06/18/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> City of Bell Isle 1600 Nela Aveq Bell Isle FL 32809		<b>CANCELLATION</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. AUTHORIZED REPRESENTATIVE 	
--	--	--	--

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

his 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.**

2017      **EXPIRES 9/30/2018**      1804-0042983  
1804 CONTR-H A R V      \$30.00 1      EMPLOYEE

TOTAL TAX      \$30.00  
PREVIOUSLY PAID      \$30.00  
TOTAL DUE      \$0.00

MUNSON GARY E

GARY MUNSON HEATING & A C SVC INC  
MUNSON GARY E  
1215 STEVENS AVE  
ORLANDO FL 32806-7133

1215 STEVENS AVE (MOBILE)  
U - ORLANDO, 32806

PAID: \$30.00 0099-00814834 10/5/2017

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

his 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.**

2017      **EXPIRES 9/30/2018**      1804-0042983  
1804 CONTR-H A R V      \$30.00 1      EMPLOYEE

TOTAL TAX      \$30.00  
PREVIOUSLY PAID      \$30.00  
TOTAL DUE      \$0.00



MUNSON GARY E

GARY MUNSON HEATING & A C SVC INC  
MUNSON GARY E  
1215 STEVENS AVE  
ORLANDO FL 32806-7133

1215 STEVENS AVE (MOBILE)  
U - ORLANDO, 32806

PAID: \$30.00 0099-00814834 10/5/2017

This receipt is official when validated by the Tax Collector.