



# City of Belle Isle Job Site Card Mechanical PERMIT 2018-04-059

**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: 2018-04-059  
Site Address: 6618 Orange Knoll Dr 32812  
Class: Residential  
Description of Work: Change out mechanical 4 ton unit

Issue Date: 4/23/2018  
Parcel # 20-23-30-1678-00-630  
Sub-division:

Issued To: ELECTRICOOL INC  
Name: PERRY, STEVEN H

Business Phone: 407 388-1300  
Contractor License #: CAC1817352

Payment Date & Method: 4 / 23 2018

Visa  Master Card  Amex  Discover  Check / Money Order #

5719

5 95.52

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.



# City of Belle Isle

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

**RECEIVED**  
APR 23 2018

## APPLICATION FOR MECHANICAL PERMIT

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING DOUBLE 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: 4/23/18

PERMIT NUMBER 2018-04-059

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

Project Address 6618 Orange Knoll Dr, Belle Isle FL 32809 32812  
Property Owner Keith A Kasunic & Oliver Stephen Phone (407) 516-4256  
Property Owner's Mailing Address 6618 Orange Knoll Dr City Belle Isle  
State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-630

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  \*\*\*Replacement of existing HP system)

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

**Air Conditioning:** # of Units 1 Tons Per Unit 4 Total Tons 4  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ 4800  
**Heating:** # of Units KWS Per Unit 1 Total KWS 10 BTU's \_\_\_\_\_ Estimated Cost \$ 0  
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 St H Perry LICENSE # CAC1817352

LICENSE HOLDER NAME Steven H Perry COMPANY NAME ElectriCool Inc

Street Address 5703 Red Bug Lake Road, Ste. 322

City Winter Springs State FL Zip Code 32708 Phone Number 407-388-1300

Email Address steven@electricool.com St H Perry

Building Official: \_\_\_\_\_ Date \_\_\_\_\_  
Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date 4-23-2018

*Handwritten note:* KIN Sality / w/c incorrect holder

Permit Fee \$ 61.-  
Review Fee \$ 30.50  
1% BCAIB Fee \$ 2. min  
1.5% DCA Fee \$ 2. min  
Total Permit Fee \$ 95.50

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.  
1ST DASE  
4 hrs x 6  
37  
24  
61  
30.50  
on 950  
**PAID 4-23-18 USA 5719**  
Building Permit Number \_\_\_\_\_

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



<b>LICENSE NUMBER</b>	
CAC1817352	

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

PERRY, STEVEN H  
ELECTRICOOL INC  
733 S. EDGEMON AVE  
WINTER SPRINGS FL 32708



ISSUED: 06/12/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L160612000885

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD



<b>LICENSE NUMBER</b>	
EC13006674	

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

PERRY, STEVEN H  
ELECTRICOOL INC  
5703 RED BUG LAKE ROAD SUITE 322  
WINTER SPRINGS FL 32708



ISSUED: 06/12/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606120002017



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/23/2018

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 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> Closson Insurance Agency, LLC 1201 S. Orlando Avenue Suite 200 Winter Park FL 32789	<b>CONTACT NAME:</b> Kessa Glover <b>PHONE (A/C, No, Ext):</b> (407) 898-2211 <b>E-MAIL ADDRESS:</b> kglover@clossoninsurance.com		<b>FAX (A/C, No):</b> (407) 898-1850
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Electricool, Inc. 5703 Red Bug Lake Rd, #322 Winter Springs FL 32708	<b>INSURER A:</b> Southern-Owners Insurance Co		10190
	<b>INSURER B:</b> AUTO OWNERS INSURANCE COMPANY		18988
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** CL1773106927 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			72694420-17	8/4/2017	8/4/2018	EACH OCCURRENCE	\$ 500,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000			
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 500,000			
							GENERAL AGGREGATE	\$ 1,000,000			
							PRODUCTS - COMP/OP AGG	\$ 1,000,000			
								\$			
B	<b>AUTOMOBILE LIABILITY</b>			42-000-150-00	8/4/2017	8/4/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$			
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
							FL PIP	\$ 10,000			
							EACH OCCURRENCE	\$			
							AGGREGATE	\$			
								\$			
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			72614976	8/4/2017	8/4/2018	<input checked="" type="checkbox"/> PER STATUTE				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$ 100,000
										E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	<b>Inland Marine</b>			72694420-17	8/4/2017	8/4/2018	Tools & Equipment (Unsch.)	\$10,000			
	<b>Contractors Equipment</b>						Scheduled Equipment	\$14,230			

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

<b>CERTIFICATE HOLDER</b> cobipermits@universalengin  City of Belle Isle 1600 Nela Ave. Belle 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.
	<b>AUTHORIZED REPRESENTATIVE</b> Lenise Zika/KESSA <i>Lenise A. Zika</i>

Effective: 10/1/2017

Expiration: 9/30/2018

# CITY OF WINTER SPRINGS BUSINESS TAX RECEIPT

Business ID: 50013  
HOME BASED REGULATED

**ELECTRICOOL, INC.**  
733 S EDGEMON AVE

DESCRIPTION OF BUSINESS ACTIVITIES

---

ELECTRICAL CONTRACTOR

1126 East State Road 434 • Winter Springs, FL 32708 • (407) 327-1800  
[www.winterspringsfl.org](http://www.winterspringsfl.org)

**BUSINESS TAX RECEIPT INCLUDES WINTER SPRINGS & SEMINOLE COUNTY TAX**

-----  
PLEASE CUT ALONG THE DOTTED LINE TO DISPLAY RECEIPT IN BUSINESS

Post the above Receipt in a Conspicuous Location within your Place of Business

**Total Amount Paid: \$145.00**

Note: Total Amount Paid includes the \$45 Seminole County Business Tax



\_\_\_\_\_  
City Manager

**ELECTRICOOL, INC.**  
733 S. EDGEMON AVENUE  
WINTER SPRINGS, FL 32708



1126 East State Road 434  
Winter Springs, FL 32708  
Phone: (407) 327-1800

**RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER**

- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)
- [My Favorites](#)

[Sign up for e-Notify...](#)



**6618 Orange Knoll Dr** < 20-23-30-1678-00-630 >

Name(s)  
 Kasunic Keith A  
 Oliver Stephen D II  
 Mailing Address On File  
 6618 Orange Knoll Dr  
 Belle Isle, FL 32812-3520  
 Incorrect Mailing Address?

Physical Street Address  
 6618 Orange Knoll Dr  
 Postal City and Zipcode  
 Orlando, FL 32812  
 Property Use  
 0103 - Single Fam Class III  
 Municipality  
 Belle Isle

**View 2017 Property Record Card**

- [Property Features](#)
- [Values, Exemptions and Taxes](#)
- [Sales Analysis](#)
- [Location Info](#)
- [Market Stats](#)

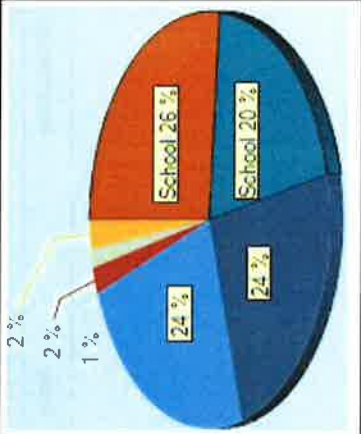
[Update Information](#)

**Historical Value and Tax Benefits** Has Homestead in 2018

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2017	\$60,000	+	\$190,951	+	\$264,951 (3.9%) \$215,830 (2.1%)
2016	\$55,000	+	\$185,469	+	\$254,969 (5.0%) \$211,391 (.70%)
2015	\$55,000	+	\$172,882	+	\$15,000 = \$242,882 (17%) \$209,922 (.80%)
2014	\$55,000	+	\$144,756	+	\$8,500 = \$208,256

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2017	\$25,000	\$25,000	\$0	\$49,121	\$1,534
2016	\$25,000	\$25,000	\$0	\$43,578	\$1,463
2015	\$25,000	\$25,000	\$0	\$32,960	\$1,300
2014	\$25,000	\$25,000	\$0	\$0	\$709



**2017 Taxable Value and Certified Taxes** TAX YEAR | 2017 • 2016 • 2015 • 2014

--