



# 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)

## PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

<p><b>Scope of Work:</b> MECHANICAL: c/o 5 ton HVAC with no ductwork</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>        Address: 5339 Hawford Circle, Belle Isle, FL 32809        Parcel ID: 20-23-30-9375-00-110        Property Owner: Wagner, Vickie        Phone Number: none        *****        Company Name: Blair Air Conditioning &amp; Heating Service, Inc.        Contractor Name: Blair, Jay        License Number: CAC058258        Address: 2857 S. Bumby Avenue, Orlando, FL 32806        Phone Number: 407-896-6666</p>	<p style="text-align: right;"><b>Permit Number: 2015-08-009</b></p> <p style="text-align: right;">Date of Application: <u>08/03/2015</u>        Date Permit Issued: <u>08/07/2015</u></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
---	--

### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$        School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$        Boat House \$        Building \$        Demo \$        Door(s) \$        Driveway \$        Electrical \$        Fence \$        Gas \$        Irrigation \$        Low Voltage \$        Mechanical \$100.50        Plumbing \$        Pool \$        Roofing \$        Screen Encl \$        Shed \$        Temp Pole \$        Window(s) \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00        Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$104.50</b></p> <p>Date Paid <u>8-11-15</u>        CC or Check # <u>VISA 8544</u>        Amount Paid <u>104.50</u></p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:        Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p style="text-align: center;"><b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)        Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final - After MEP and Other Applicable Finals)</p> <p style="text-align: center;"><b>ROOFING    OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p style="text-align: center;"><b>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</b></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p style="text-align: center;"><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP    <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
---	--

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 1pm.** 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.

PROJECT NUMBER 0115.1501056.0000TASK NUMBER 01CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2015-08-009
Property Owner	WAGNER, Vickie
Address	5339 Hawford Cir. (32812)
Nature of Improvement	MECHANICAL: ONE, 5-ton c/o, no ductwork
Received Application	7/31/15
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	7/31/15
Building Official Approved	
Comments	
1.	Logg. 7/31/15 Logged in, Created Proj. # + Task
2.	" " Need NOC; Emailed to J. Cornell
3.	" " For Review / WO # 55093.
4.	Susan 8-7-15 emailed it's ready
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

RECEIVED  
7/31/15



### 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)

## 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: 7/30/15

PERMIT NUMBER 2015-08-009

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

Project Address 5339 Hawford Circle, Belle Isle FL 32809 ~~32812~~  
Property Owner Vickie C. Wagner Phone \_\_\_\_\_  
Property Owner's Mailing Address 1345 Long Street City Orlando  
State FL Zip Code 32805 Parcel Id Number: 20-23-30-9375-00-110

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

- 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 1 Tons Per Unit 5 Total Tons 5  
Type of System: Water to Air \_\_\_\_\_ Chiller \_\_\_\_\_ Split System \_\_\_\_\_ Package \_\_\_\_\_ Heat Pump x Estimated Cost \$ 8007.00

Heating: # of Units KWS Per Unit 1 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) replace existing system no ductwork Estimated Cost \$ \_\_\_\_\_

Was the space previously Air Conditioned? Yes x 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 Jay L Blair LICENSE # CAC058258

LICENSE HOLDER NAME Jay L Blair COMPANY NAME Blair Air Conditioning & Heating Service LLC

Street Address 2857 S. Bumby Ave.

City Orlando State FL Zip Code 32806 Phone Number 407-896-6666

Email Address blairair@cfl.r.com

Building Official: \_\_\_\_\_ Date \_\_\_\_\_  
Verified Contractor's Licenses & Insurance are on file JLB Date 7/31/15

Permit Fee	\$	<u>67.00</u>
Review Fee	\$	<u>33.50</u>
3% Florida Surcharge	\$	<u>4.00</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. Building Permit Number \_\_\_\_\_

**Lisette T. Holt**

---

**From:** John Connell  
**Sent:** Monday, August 03, 2015 8:28 AM  
**To:** Lisette T. Holt  
**Subject:** RE: 5339 Hawford Circle, REVIEW mechanical permit, WO#55093

0115.1501056.0000  
Approved  
15 minutes

**From:** Lisette T. Holt  
**Sent:** Friday, July 31, 2015 11:53 AM  
**To:** John Connell  
**Cc:** BIDReviews  
**Subject:** 5339 Hawford Circle, REVIEW mechanical permit, WO#55093  
**Importance:** High

*2015 08 009*

Jay,

Here's another one for today. Thanks!

Regards,

Lisa T. Holt, Executive Asst.  
Building Inspections Dept.  
Universal Engineering Sciences, Inc.  
3532 Maggie Blvd.,  
Orlando, Florida 32811  
Phone: (407) 423-0504 Ext. 23102

ORLANDO BUSINESS JOURNAL



2015 BEST PLACES TO WORK

**PLEASE NOTE:  
DUE TO THE HIGH DEMAND FOR OUR SERVICES, THE 1PM CUTOFF TIME  
FOR NEXT-DAY INSPECTION REQUESTS WILL BE STRICTLY ENFORCED.  
THANK YOU!!**



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2014.

# Certificate of Product Ratings

AHRI Certified Reference Number: 7017258      Date: 7/30/2015

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: 226ANA060\*\*\*\*C

Indoor Unit Model Number: FV4CNB006L

Manufacturer: BRYANT HEATING AND COOLING SYSTEMS

Trade/Brand name: BRYANT HEATING AND COOLING SYSTEMS

Series name: PREFERRED 16 PURON HP

Manufacturer responsible for the rating of this system combination is BRYANT HEATING AND COOLING SYSTEMS

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	56500
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	16.00
Heating Capacity(Btuh) @ 47 F:	57000
Region IV HSPF Rating (Heating):	9.00
Heating Capacity(Btuh) @ 17 F:	36000

\* Ratings followed by an asterisk (\*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

#### 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.ahridirectory.org](http://www.ahridirectory.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.ahridirectory.org](http://www.ahridirectory.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.

©2014 Air-Conditioning, Heating, and Refrigeration Institute



AIR-CONDITIONING, HEATING,  
& REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.: 130827332058180457



# DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The Next Degree of Comfort™

## Customer Information

Street Address: 5339 Hawford Circle, Orlando, FL 32812

Latitude, Longitude: 29.1462°, -81.0534°

House Square Footage: 2430 sq. ft.

Name: Vickie Head

Phone: 407-422-1040

Email: cmack@a1orange.com

## House Information

SHR: .75

Number of residents: 2

Ceiling height: 9

Wall U-value | R-value: 0.09 | 11

Floor U-value | R-value: 0.2 | 5

Ceiling U-value | R-value: 0.053 | 19

Window U-value: 0.5

Window SHGF: 0.85

Moisture grains: 58

Duct loss %: 10

Duct gain %: 10

Cooling infiltration (ACH): 0.6

Heating infiltration (ACH): 0.8

Winter ventilation: 0

**Design Conditions**

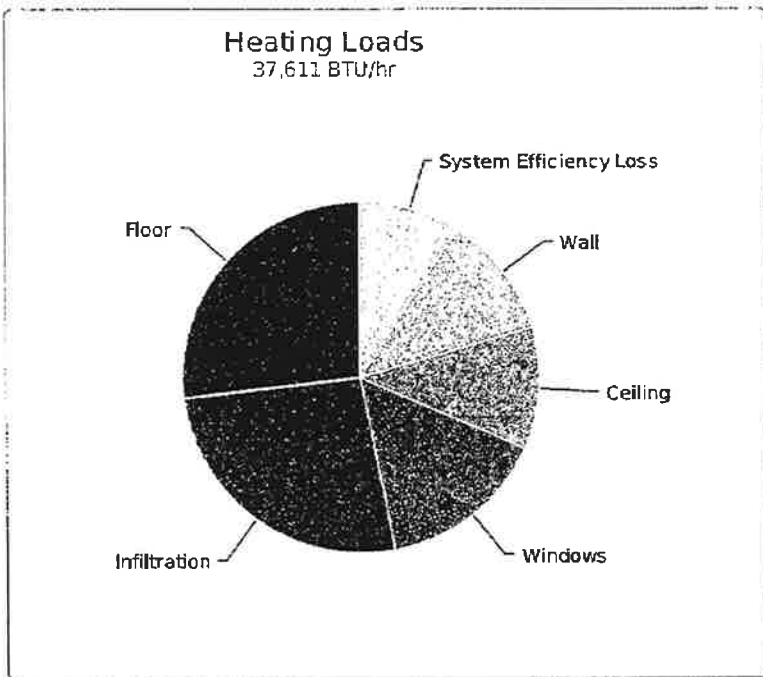
<b>Outdoor</b>	<b>Heating</b>	<b>Cooling</b>
Dry bulb (°F)	37	90
Daily range		L
Relative humidity		50%
Moisture difference		58

<b>Indoor</b>	<b>Heating</b>	<b>Cooling</b>
Indoor temperature (°F)	70	75
Design temperature difference(°F)	33	15

# Heating Loads

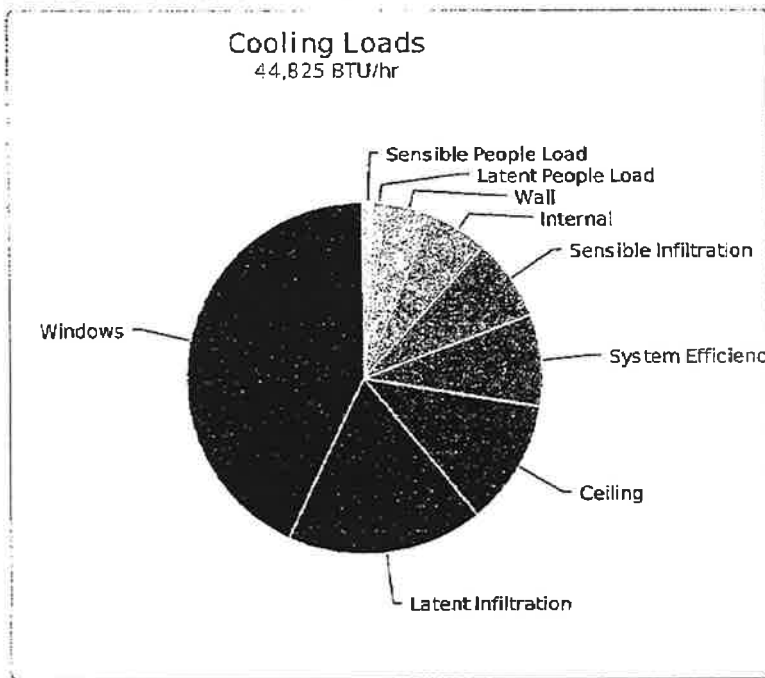
Area	Btuh	% of load
Wall	4234	11.3
Floor	10105	26.9
Ceiling	4250	11.3
Windows	5759	15.3
Infiltration	9844	26.2
System Efficiency Loss	3419	9.1
<b>Total:</b>	<b>37611</b>	



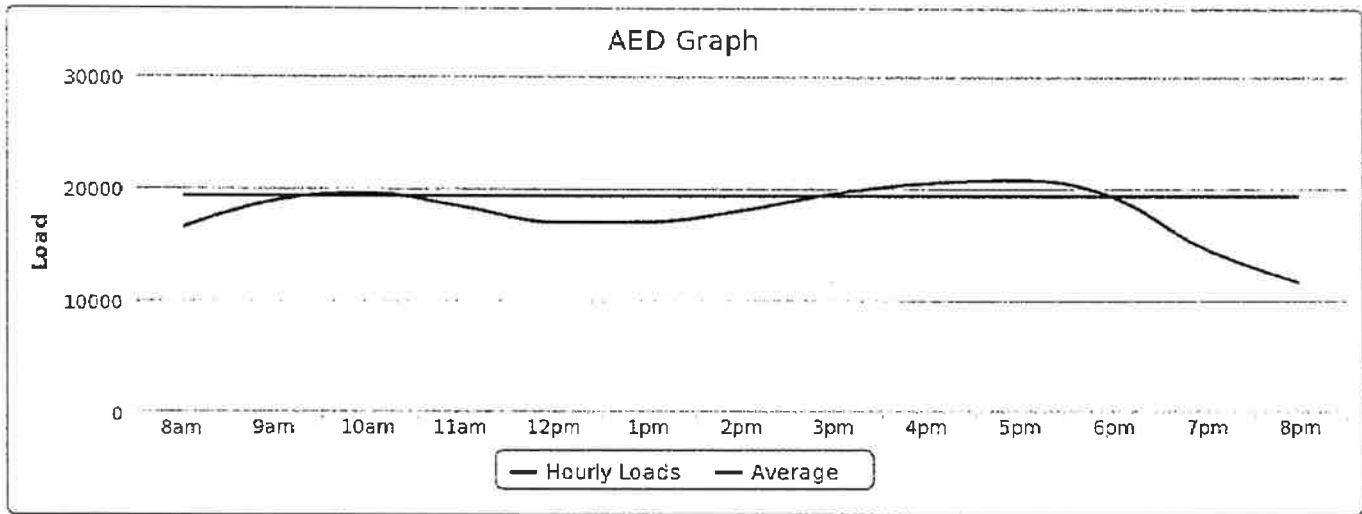


# Cooling Loads

Area	Btuh	% of load
Wall	1925	4.3
Ceiling	5152	11.5
Windows	19278	43
Sensible Infiltration	3356	7.5
Latent Infiltration	8022	17.9
System Efficiency Gain	3773	8.4
Internal	2400	5.4
Sensible People Load	460	1
Latent People Load	460	1
<b>Total:</b>	<b>44825</b>	
Sensible load		36343
Latent load		8482
SHR		0.81
Capacity at .75 SHR		4.04 Tons



## Adequate Exposure Diversity



## Equipment selection

System equipment selection will be made using the following derived values.

Glass (E)	176 sq. ft.
Glass (S)	25 sq. ft.
Glass (N)	25 sq. ft.
Glass (W)	123 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	77°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	37°F
Winter Indoor	70°F
Sensible Cooling	36,343 Btuh
Latent Cooling	8,482 Btuh
Required Cooling Airflow	1,652 CFM
Sensible Heating	37,611 Btuh
Required Heating Airflow	488 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree



Turn to the Experts.

*Carrier Florida*  
2000 Parks Oaks Ave  
Orlando, FL 32808  
888-527-3352

**DATE:** April 3, 2009  
**TO:** Central Florida Carrier Dealerships  
**FROM:** Randy Black  
**SUBJECT:** Seminole County Permit Process

The Carrier Engineering Department has been in contact with the Seminole County Mechanical Department as they prepared the necessary documentation required by the County to outline the procedures to tie down our residential heat pumps and condensing units according to the Florida Building Code.

The required data for the Carrier Base and Comfort as well as the Payne product was forwarded to the Seminole County Building Department today. This data (documents sealed by a Florida engineer) was approved by the Building Department and Seminole County is now prepared to accept your permit applications. In order to apply for a permit a copy of the appropriate base pan drawing and model number list (attached) for the unit being permitted will be required. An original sealed document will not be required for each permit application according to Seminole County.

Documentation for the Carrier Performance and Infinity units will be forwarded in the next few days. As soon as this data is approved by the Seminole County Building Department we will forward the appropriate copies to your office.

Please feel free to contact your Territory Manager with questions or if you need additional information.

Thank you for your business!

A handwritten signature in cursive script that reads "Randy Black".

Randy Black  
Senior Territory Manager

ROBERT E. SAMARA, P.E. P.A.  
CONSULTING ENGINEERS

7901 S.W. 67TH AVENUE, SUITE 207  
SOUTH MIAMI, FLORIDA 33143

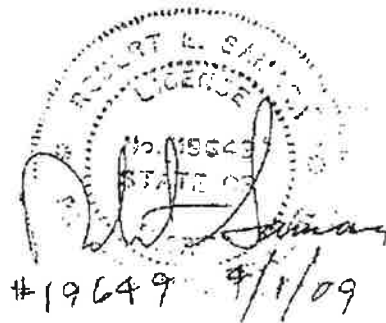
TEL: (305) 662-1916 FAX: (305) 662-7491

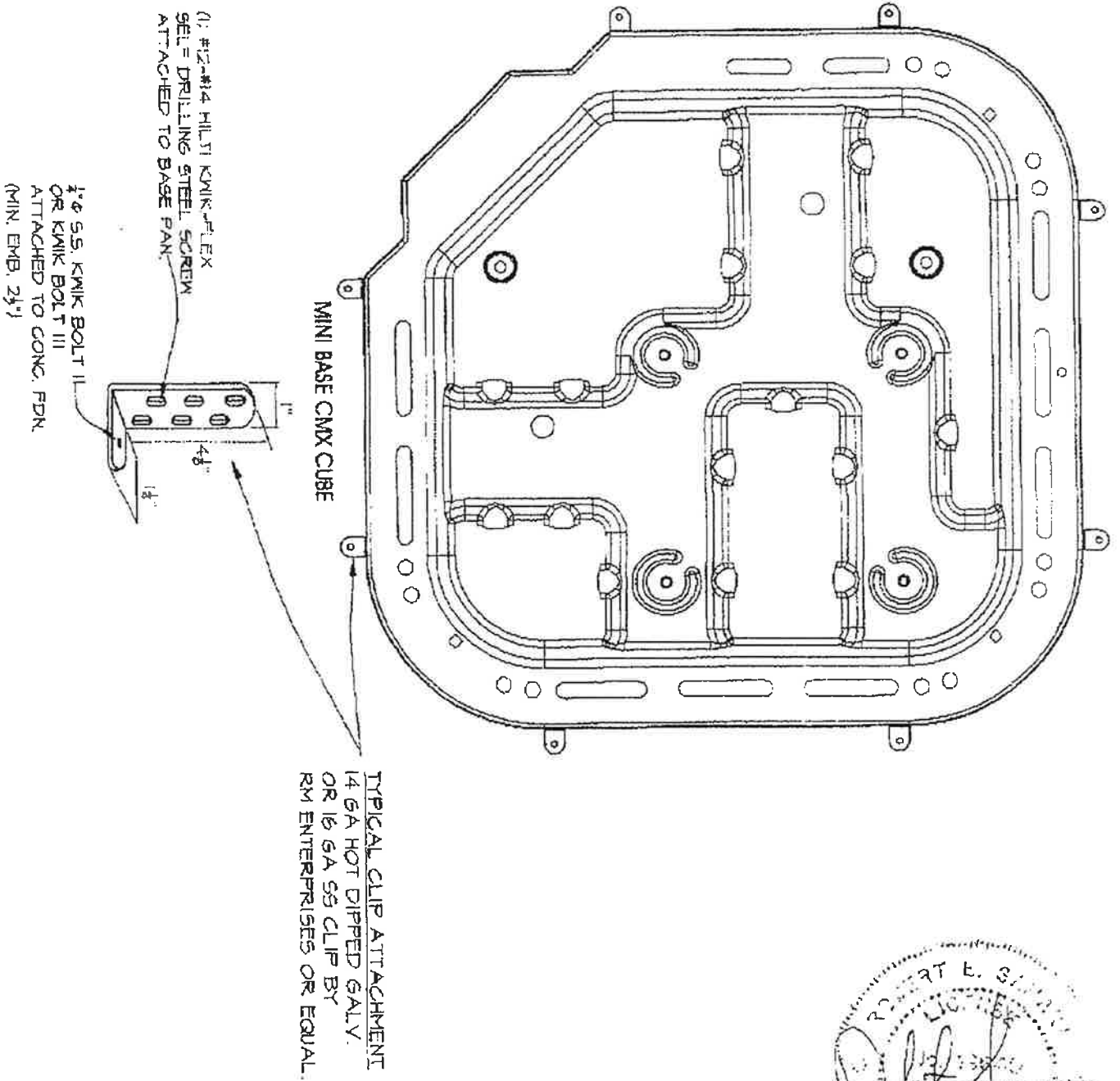
TO: Robert Lambert		DATE: April 2, 2009
COMPANY:		FROM: Robert E. Samara
FAX: 5-860-998-2009		
PROJECT: ICF, Bryant and Carrier		
MEMO		
Please review		
NUMBER OF PAGES TO FOLLOW INCLUDING COVER <u>12</u>		
This information is for: review and comment use no entry as requested		Original will be: mailed sent by Courier not be sent sent upon request

**LTC MINBASE CMX CUBE ANALYSIS      BRYANT & CARRIER**


**BASED ON A REVIEW AND ANALYSIS THE FOLLOWING UNITS CONFORMS TO THE 2007 FLORIDA BUILDING CODE AND THE ASCE 7-05 WIND ANALYSIS CODE. SEE ENCLOSED ANCHORING DETAIL REQUIREMENT AS SPECIFIED IN SECTIONS 1620.1 AND 1620.2 FOR MAX WIND SPEED OF 150 MPH AND A 3 -SECOND GUST**

<b>BRYANT</b>	<b>CARRIER</b>
<b>Model #</b>	<b>Model #</b>
113ANA01B	24ABB318A003
113ANA024	24ABB318W003
113ANA030	24ABB324A003
113ANW018	24ABB324W003
113ANW024	24ABB330A003
113ANW030	24ABB330W003
113RNA018	24ABS318A003
113RNA024	24ABS318G003
113RNA031	24ABS324A003
113RNG018	24ABS324G003
113RNG024	24ABS331A003
113RNG031	24ABS331G003






Professional Engineer Seal  
 ROBERT E. SHAWARA  
 License No. 13133  
 Date: 9/1/09

<b>S-1</b>	Job No. 09-11	Job Name	<b>CARRIER MINI BASE CMX CUBE</b>	 <b>ROBERT E. SHAWARA P.E., P.A.</b> Consulting Engineer      Structural 2701 S.W. 67th Avenue, Miami, Florida 33143 Phone: 305-662-1970      Fax: 305-662-2491
	Date 03-27-09			
	Drawn By R. Samara	Checked By A. Ramel	<b>CLIP AND ATTACHMENT LOCATION PLAN</b>	

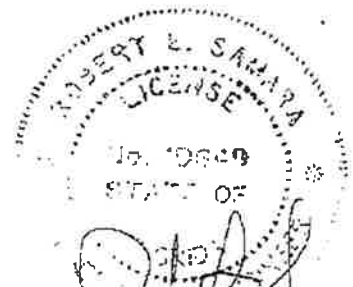
**CARRIER (medium base cube)**  
Model #

24ABB330C	25HBB318C
24ABB336C	25HBB324A
24ABB342A	25HBB324C
24ABB342W	25HBB324W
24ABB348A	25HBB330A
24ABB348W	25HBB330W
24ABB380A	25HBB419A
24ABB380W	25HBB419W
24ABB418A	25HBB424A
24ABB418W	25HBB424W
24ABS336A	25HBB430A
24ABS336G	25HBB430W
24ABS342A	25HBS318A
24ABS342G	25HBS318G
24ACB342A	25HBS324A
24ACB348A	25HBS324G
24ACB418A	25HBS330A
24ACB624A	25HBS330G
24ACB636A	25HBS331A
24ACS324C	25HBS331G
24ACS330A	25HCB318A
24ACS330C	25HCB324A
24ACS336A	25HCB330A
24ACS336C	25HCB518A
24ACS342A	25HCS318A
	25HCS318C
	25HCS324A
	25HCS324C
	25HCS330C


  
 #19649      4/1/09

**PAYNE (medium base cube)**  
Model #

- PA3ANA042
- PA3ANA048
- PA4ANG018
- PA4RNG018
- PH3ANA024
- PH3ANA030
- PH4ANG024
- PH4ANG030
- PH4RNG018
- PH4RNG024



*Robert L. Samara*  
#19649 4/1/09



UTC LARGE BASE ANALYSIS BRYANT, CARRIER, & PAYNE

BASED ON A REVIEW AND ANALYSIS THE FOLLOWING UNITS CONFORMS TO THE 2007 FLORIDA BUILDING CODE AND THE ASCE 7-05 WIND ANALYSIS CODE. SEE ENCLOSED ANCHORING DETAIL REQUIREMENT AS SPECIFIED IN SECTIONS 1620.1 AND 1620.2 FOR MAX WIND SPEED OF 150 MPH AND A 3-SECOND GUST.

BRYANT (large base cube)

Model #

113ANCO42	213RPG048	123RPC042
113ANCO48	213RPG060	123RPC048
113ANCO60	214ANA031	123RPC0601
113REA048	214ANA036	24ANA024
113REA060	214ANA037	124ANA030
113REG048	214ANA042	124ANA036
113REG060	214ANA048	124ANA042
113RNA048	214ANA060	124ANA048
113RNA060	214ANA061	124ANA060
113RNG048	214ANW031	126ANA048
113RNG060	214ANW036	126ANA060
113RPA048	214ANW037	213ANA036
113RPA060	214ANW042	213ANA042
113RPG048	214ANW048	213ANA048
113RPG060	214ANW060	213ANA060
113RTA048	214ANW061	213ANCO30
113RTA060	223AEA036	213ANCO36
114ANA024	223AEA042	213ANCO42
114ANA030	223AEA048	213ANCO48
114ANA036	223AEA060	213ANCO60
114ANA042	223ANA036	213ANW036
114ANA048	223ANA042	213ANW042
114ANA060	223ANA048	213ANW048
114ANW024	223ANA060	213ANW060
114ANW030	223APA036	213REA036
114ANW036	223APA042	213REA042
114ANW042	223APA048	213REA048
114ANW048	223APA060	213REA060
114ANW060	223RNA030	213REG036
123AEA060	223RNA036	213REG042
123ANA060	223RNA042	213REG048
123APA060	223RNA048	213REG060
123RNA048	223RNA060	213RNA036
123RNA060	223RNC036	213RNA042
123RNC042	223RNC042	213RNA048
123RNC048	223RNC048	213RNA060
123RNC060		213RNG036

#19649... 4/1/09

**CARRIER (large base cube)**

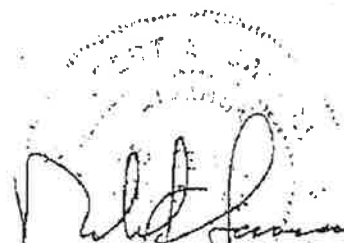
Model #

24ABB342C	25HBB330C	25HCB342A
24ABB348C	25HBB336A	25HCB348A
24ABB360C	25HBB336C	25HCB360A
24ABB424A	25HBB336W	25HCB524A
24ABB424W	25HBB342A	25HCB530A
24ABB430A	25HBB342C	25HCB536A
24ABB430W	25HBB342W	25HCB542A
24ABB436A	25HBB348A	25HCB548A
24ABB436W	25HBB348C	25HCB560A
24ABB442A	25HBB348W	25HCS330A
24ABB442W	25HBB360A	25HCS336A
24ABB448A	25HBB360C	25HCS336C
24ABB448W	25HBB360W	25HCS342A
24ABB460A	25HBB431A	25HCS342C
24ABB460W	25HBB431W	25HCS348A
24ABS348A	25HBB436A	25HCS348C
24ABS348G	25HBB436W	25HCS360A
24ABS360A	25HBB437A	25HCS360C
24ABS360G	25HBB437W	
24ACB360A	25HBB442A	
24ACB424A	25HBB442W	
24ACB430A	25HBB448A	
24ACB436A	25HBB448W	
24ACB442A	25HBB460A	
24ACB448A	25HBB460W	
24ACB460A	25HBB461A	
24ACB460W	25HBB461W	
24ACB484A	25HBS336A	
24ACB660A	25HBS336G	
24ACS342C	25HBS342A	
24ACS348A	25HBS342G	
24ACS348C	25HBS348A	
24ACS360A	25HBS348G	
24ACS360C	25HBS360A	
	25HBS360G	
	25HCB336A	

  
*Robert L. Sampson*  
 # 19649 4/1/09

**PAYNE (large base cube)**  
Model #

- PA14NA036
- PA14NA036
- PA14NA042
- PA14NA048
- PA14NA060
- PA4RNG024
- PA4RNG030
- PA4RNG036
- PA4RNG042
- PA4RNG048
- PA4RNG060
- PH14NA036
- PH14NA042
- PH14NA048
- PH14NA060
- PH4RNG030
- PH4RNG036
- PH4RNG042
- PH4RNG048
- PH4RNG060
- PA3ANA060
- PA4ANG024
- PA4ANG030
- PA4ANG036
- PA4ANG042
- PA4ANG048
- PA4ANG060
- PH3ANA036
- PH3ANA042
- PH3ANA048
- PH3ANA060
- PH4ANG036
- PH4ANG042
- PH4ANG048
- PH4ANG060



*Neil S...*  
#19649 4/1/09

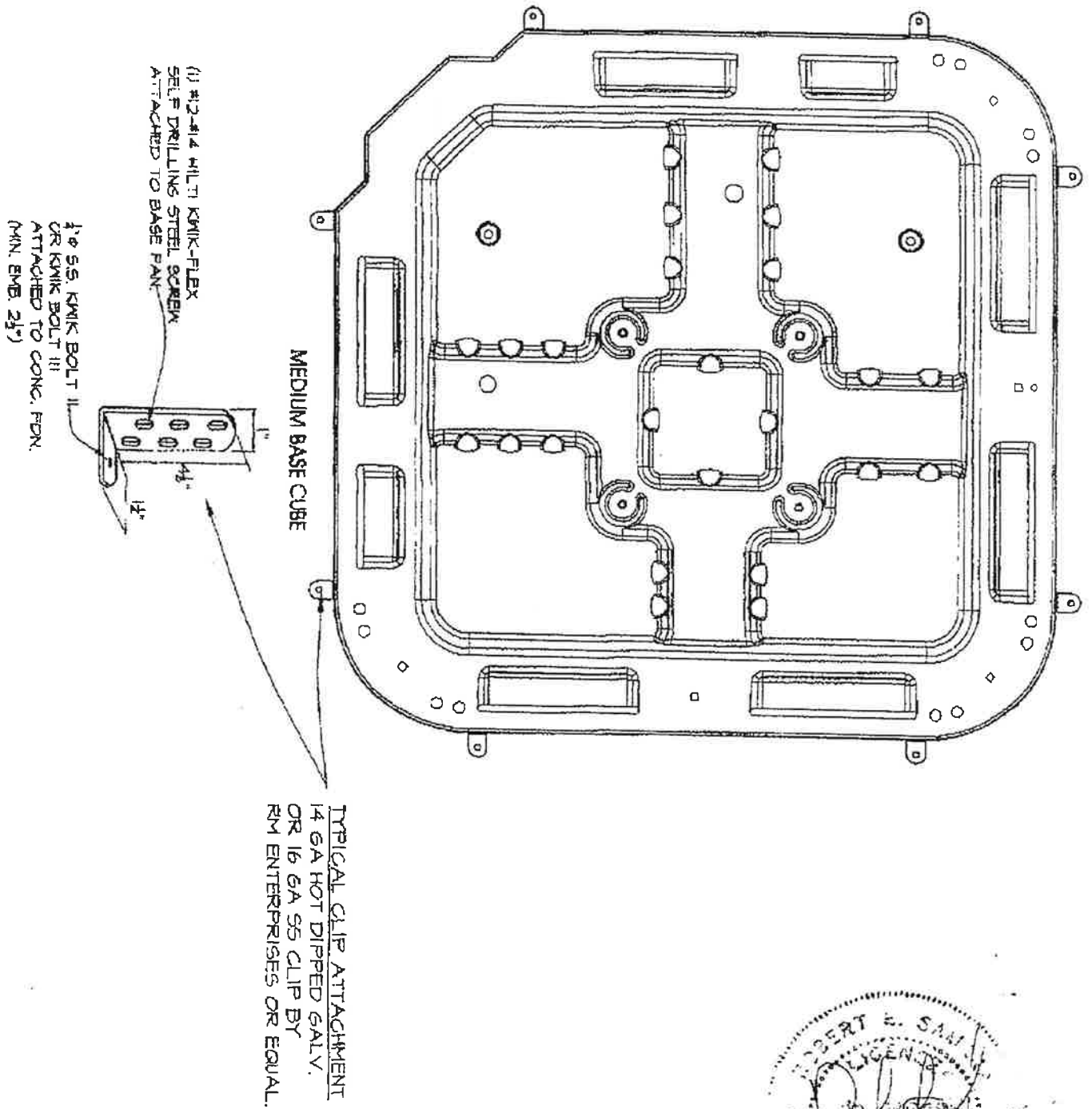
UTC MEDIUM BASE CUBE ANALYSIS BRYANT, CARRIER, & PAYNE

BASED ON A REVIEW AND ANALYSIS THE FOLLOWING UNITS CONFORMS TO THE 2007 FLORIDA BUILDING CODE AND THE ASCE 7-05 WIND ANALYSIS CODE. SEE ENCLOSED ANCHORING DETAIL REQUIREMENT AS SPECIFIED IN SECTIONS 1620.1 AND 1620.2 FOR MAX WIND SPEED OF 150 MPH AND A 3-SECOND GUST.

BRYANT (medium base cube)  
Model #

- 113ANA042
- 113ANA048
- 113ANA060
- 113ANC030
- 113ANC036
- 113ANW042
- 113ANW048
- 113ANW060
- 113REA036
- 113REA042
- 113REG036
- 113REG042
- 113RNA036
- 113RNA042
- 113RNG036
- 113RNG042
- 113RPA036
- 113RPA042
- 113RPG036
- 113RPG042
- 113RTA036
- 113RTA042
- 114ANA018
- 114ANW018
- 123AEA042
- 123AEA048
- 123ANA042
- 123ANA048
- 123APA042
- 123APA048
- 123RNA030
- 123RNA036
- 123RNA042
- 123RNC024
- 123RNC030
- 123RNC036
- 123RPC036
- 124ANA018
- 126ANA024
- 126ANA036

#19649 4/1/09



<b>S-1</b>	Job No.	D9-11	<b>CARRIER MEDIUM BASE CUBE</b>
	Date	03-27-09	
	Checked By	R. Sathkuma	
	Drawn By	A. Bamel	
			<b>CLIP AND ATTACHMENT LOCATION PLAN</b>
		<b>ROBERT E. SAMARA P.E., P.A.</b> Consulting Engineers      Structural PE # 17669 7901 SW 67th Avenue, Miami, Florida 33142 Phone: 305-663-1913      Fax: 305-663-7497	

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



<b>LICENSE NUMBER</b>	
CAC058258	

The CLASS B AIR CONDITIONING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

BLAIR, JAY LLOYD  
BLAIR AIR CONDITIONING AND HEATING SERVICE INC  
5114 BRENDA DRIVE  
ORLANDO FL 32812



ISSUED: 08/07/2014

DISPLAY AS REQUIRED BY LAW

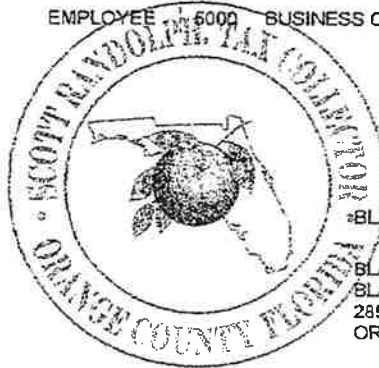
SEQ # L1408070001243

**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.

2014	EXPIRES	9/30/2015	1804-0962454
1804 CERT AIR/COND CONTR	\$30.00	1	EMPLOYEE 6000 BUSINESS OFFICE
			\$30.00 1 EMPLOYEE

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



BLAIR JAY L  
BLAIR AIR CONDITIONING & HEATING SERV  
BLAIR JAY L  
2857 S BUMBY AVE  
ORLANDO FL 32806-8704

2857 S BUMBY AVE  
U - ORLANDO, 32806

PAID: \$60.00 0099-00639975 8/18/2014

This receipt is official when validated by the Tax Collector.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/31/2015

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).


PRODUCER <b>Caple Howden Insurance Agency, Inc.</b> 10222 E. Colonial Dr. ORLANDO, FL 32817 License #: A124292	CONTACT NAME: <b>Patti Weightman</b>
	PHONE (A/C, No, Ext): <b>(407)657-8808</b> FAX (A/C, No): <b>(407)657-1710</b>
	E-MAIL ADDRESS: <b>pweightman@howdeninsurance.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>NICOA</b> NAIC #: <b>25453</b>
	INSURER B: <b>Travelers</b> NAIC #: <b>25666</b>
	INSURER C: <b>Allied</b> NAIC #: <b>42579</b>
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 00011140-2021467 REVISION NUMBER: 30

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	
<b>A</b>	GENERAL LIABILITY			<b>ACPLGZO5935557265</b>	<b>06/22/2015</b>	<b>06/22/2016</b>	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 100,000
							PERSONAL & ADV INJURY	\$ 5,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
<b>B</b>	AUTOMOBILE LIABILITY			<b>0303R077 - 15</b>	<b>06/22/2015</b>	<b>06/22/2016</b>	COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	
							\$	
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<b>ACPWCP5935557265</b>	<b>06/22/2015</b>	<b>06/22/2016</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>  <b>City of Belle Isle</b> <b>1600 Nela Ave</b> <b>BELLE ISLE, FL 32809</b>	<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  (PAW)

**BLAIR AIR CONDITIONING &  
HEATING SERVICE, LLC**  
2857 South Bumby Avenue  
Orlando, FL 32806  
407-896-6666  
Fax: 407-898-2331  
CAC058258  
E-Mail: blairair@cfl.rr.com  
*Don't Despair ... Call Blair*

**FAX COVER SHEET**

To: Permit Dept. City of Belle Isle  
Date: 7/31/15  
Fax Number: 407-581-0313

Company: Universal Engineering  
From: Sandy Wright  
Total Pages: 8

Part 1 of permit application for Vickie Wagner, 5339 Hawford Circle

Thanks,

Sandy

---