

## City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 \* Fax 407-581-0313 \* 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.

Scope of Work: TONS	MECHANICAL: THREE UNITS TOTALING 11	Permit
Comments:	Cornerstone Charter Academy	
Project Information Address: Parcel ID: Property Owner: Phone Number:	5903 Randolph Avenue, Belle Isle, FL 32809 24-23-29-3400-00-092 City of Belle Isle	WARNING TO OWNER: NOTICE OF COMMENDATING TWICE FOR PROPERTY. IF YOU I CONSULT WITH YOU BEFORE RECORDING COMMENCEMENT." ON BE MADE BEFORE PROPERTY WORK. THIS CARD MUST BE PROTECTED FROM VISIBLE FROM THE INSPECTIONS HAVE BE
Company Name: Contractor Name; License Number: Address: Phone Number:	CAC1813780 3609 Century Blvd, suite 2, Lakeland, FL 33811	
	BUILDING FEA	TURES

Permit Number: 2015-08-010

Date of Application: 07/31/2015 Date Permit Issued: 08/03/2015

WARNING TO OWNER: "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.

IMPACT FEES	BUILDING INSPECTOR USE ONLY	
Traffic \$		
School \$	IF APPLICABLE:   Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions	
ZONING FEES	Have 2011ing Approval Conditions Been Met? 125 NO Have Stormwater Approval Conditions	
Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO	
UNIVERSAL ENG - BUILDING	FEES BUILDING  1st (Footing/Foundation)	
Boat Dock \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?	
Boat House \$	2 <sup>nd</sup> (Slab)	
Building \$	2 <sup>nd</sup> (Slab)	
Demo \$ Door(s) \$	3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)	
Driveway \$ Electrical \$	4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)	
Fence \$ Gas \$	5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/	
Irrigation \$	Electrical Rough-Ins & Windows/Doors Installed)	
Low Voltage \$ Mechanical \$232.50	6 <sup>th</sup> (Insulation to be Made After Roof Installed)	
Plumbing \$		
Pool \$ Roofing \$	7 <sup>th</sup> (Drywall)	
Screen Encl \$	8 <sup>th</sup> (Sidewalk/Driveway)	
Shed \$ Temp Pole \$	9 <sup>th</sup> (Other)	
Window(s) \$		
SURCHARGE FEES	10 <sup>th</sup> (Final – After MEP and Other Applicable Finals)	
SOKCHARGET EES	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR	
Surcharge Fee \$3.68 Surcharge Fee \$3.68	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing	
<b>3</b>	2 <sup>nd</sup> ROOFING Covering In-Progress	
TOTAL FEES \$239.4		
Date Paid 8-3-15	PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)	
co or Check # VISA 5945	1 <sup>ST</sup> (Underground) 2 <sup>nd</sup> (Sewer)	
Amount Paid 239,48	3 <sup>rd</sup> (Rough-In/Tub Set) 4 <sup>th</sup> (Final)	
The person eccepting this re	shall CHECK ADDRODDIATE BOX	
The person accepting this permit conform to the terms of the	shall CHECK APPROPRIATE BOX  GASNaturalLP	
application on file and construction	n   = = = = =	
shall conform to the requirements the Florida Building Code (FS 55	s of 1 <sup>st</sup>	

Inspection requests are to be emailed to BIDscheduling@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 OLD 1400380 - 00000 TASK NUMBER \_\_\_\_\_\_\_\_

# CITY OF BELLE ISLE

### Permit Application Review Sheet

Permit Number	2015-08-010	
Property Owner	City Belle Isle - Cornersture Chargen	Cad
Address	5903 Randolas tru	1
Nature of Improvement	Verhanical	
Received Application	731-15	
Sent for Stormwater Review		
Stormwater Approved		
Sent for Zoning Review		
Zoning Approved		
Applied for Variance		
Variance Approved		
Sent to BO for Review	221-95	
Building Official Approved	2.3.18	
	Comments	
7.21.15	1/2 1/1 04	-J.P.
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# 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 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: 31 July 15 PERM	IT NUMBER -005-08-00
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as i	ndicated below:
Project Address 5903 Randolph Ave Property Owner Corner Stone Charles Academ 1/	, Belle Isle FL3280932812 Phone
Property Owner's Mailing Address 5933 Aundal pl Ave	Other Dale Tale
State FL Zip Code Parcel Id Number:	
To obtain this information, please visit <u>ht</u>	tp://www.ocpafl.org/Searches/ParcelSearch.aspx
Class of Building Old New Type of Building: Residential Community Addition Repair Addition	nercial 🖾 Other 🗖
REQUIRED: Tie Down Engineering     REQUIRED: if adding A/C to new space, provide Energy Calculations & Equipment Sizional Company (Company)	ing Calculations
REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, m	nust be posted on unit
Please indicate the nature of work by completing the information below:  Air Conditioning: # of Units Tons Per Unit Total Tons Total Tons Tope of System: Water to Air Chiller Split System Package Heat Pump	Fatimated Cost © HE COS (20
Heating: # of Units KWS Per Unit 3 Total KWS 72(3)8TU's	
Oil Boiler Gas	Estimated Cost \$
Fees for items below are based on valuation of all units, equipment, materials and labor supply Ventilation:	(A) Estimated Cost Fee \$ 45,000,00
(Number of) Grease Heat Hoods, Air Intakes Exhaust Fans Drye	r 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 No No I hereby certify that the above is true and correct to the best of my knowledge and make same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances r submitted. The issuance of this permit does not grant permission to violate any applicable Town	egulating same and in accordance with plans
LICENSE HOLDER SIGNATURE	LICENSE #_ CAC   813780
LICENSE HOLDER NAME George Deitrick COMPANY NAM	
Street Address 3609 Century Blud suite 2	•
City Lakeland State FL Zip Code 33811	_ Phone Number <u><b>263-860-89/9</b></u>
Email Address gparatampabago To Com	
	166
Building Official: Date	Permit Fee \$ <u>1555.∞</u>
Building Official: Date	Review Fee \$ 17.5
Verified Contractor's Licenses & Insurance are on file Date	3% Florida Surcharge \$
	Total Permit Fee \$231.48
NOTE: The Building Permit Number is required if the Mechanical Installation is associated with Permit has been issued.	any construction or alteration where a Building Building Permit Number

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. 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!

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC1813780

SUED 08/13/2014 CERTIFIED AIR

DEITRICK, GEC A/C & DESIGN

L1408130001202 IS CERTIFIED under the provisions of Ch 489 FS Expiration date: AUG 31, 2016

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

The CLASS A AIR CONDITIONING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2016 LICENSE NUMBER CAC1813780

DEITRICK, GEORGE PATRICK 4457 MICANOPE CRESCENT A/C & DESIGN PROFESSION AKELAND



ISSUED: 08/13/2014

DISPLAY AS REQUIRED BY LAW

POLK COUNTY LOCAL BUSINESS TAX RECEIPT ACCOUNT NO. 57650 CLA

OWNER NAME

CLASS: B

EXPIRES: 9/30/2016

DEITRICK, GEORGE PATRICK

LOCATION

3609 CENTURY BLVD STE UNIT 2 LAKELAND

**BUSINESS NAME AND MAILING ADDRESS** 

A/C & DESIGN PROFESSIONALS, INC

1808 JAMES L REDMAN PKWY STE #315 PLANT CITY, FL 33563

CODE 230020

ACTIVITY TYPE CONTRACTOR AIR CONDITIONING A

PROFESSIONAL LICENSE (IF APPLICABLE) CAC1813780

OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR

PAID-1203390.0001-0001 07/22/2015 07/22/2015 CFM 12 57.75