



# 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 TOWN OF WINDERMERE, FLORIDA.

**Scope of Work:** GAS: range & future use grill

**Comments:** None

**Project Information**

Address: 4329 Isle Vista Avenue, Belle Isle, FL 32812  
Parcel ID: 20-23-30-0668-00-850  
Property Owner: Surrey Homes LLC  
Phone Number: None  
\*\*\*\*\*  
Company Name: M&M Propane Services Inc.  
Contractor Name: May, Kevin  
License Number: 22268 & 14801  
Address: 5640 Pinerock Road, Orlando, FL 32810  
Phone Number: 407-491-2105

**Permit Number: 2014-10-029**

**Date of Application: 10/22/2013**

**Date Permit Issued: 10/25/2013**

**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.

### BUILDING FEATURES

**IMPACT FEES**

School \$

**ZONING FEES**

Zoning Fee \$

**UNIVERSAL ENG - BUILDING FEES**

Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical Fee \$  
Temp Pole \$  
Plumbing Fee \$  
Mechanical Fee \$  
Gas Fee \$108.00  
Roofing \$  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$112.00**

**Date Paid** 10-25-13

**CC or Check #** Visa 4490

**Amount Paid** 112

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).

**BUILDING INSPECTOR USE ONLY**

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO  
Have Silt fencing in place? YES NO Have Stormwater Approval Conditions Been Met? YES NO  
Have Turbidity Barrier in place? YES NO

1 BUILDING

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_  
(Footing/Foundation)

2<sup>nd</sup> \_\_\_\_\_  
(Slab)

3<sup>rd</sup> \_\_\_\_\_  
(Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_  
(Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_  
(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_  
(Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_  
(Drywall)

8<sup>th</sup> \_\_\_\_\_  
(Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_  
(Other)

10<sup>th</sup> \_\_\_\_\_  
(Final - After MEP and Other Applicable Finals)

1 ROOFING

1<sup>st</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

1 PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>st</sup> \_\_\_\_\_  
(Underground) 2<sup>nd</sup> \_\_\_\_\_  
(Sewer)

3<sup>rd</sup> \_\_\_\_\_  
(Rough-in/Tub Set) 4<sup>th</sup> \_\_\_\_\_  
(Final)

**CHECK APPROPRIATE BOX**

1 GAS \_\_\_ Natural \_\_\_ LP \_\_\_ MECHANICAL \_\_\_ ELECTRICAL \_\_\_ LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_  
(Rough-In) 2<sup>nd</sup> \_\_\_\_\_  
(Final)

Inspection requests are to be emailed to [BiDscheduling@UniversalEngineering.com](mailto: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 PMI may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ect32f9e2e63>  
login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universal13



City of Belle Isle  
1600 Neia Avenue, Belle Isle, FL 32809  
Tel: 407-651-7730 \* Fax 407-240-2222 \* www.cityofbelleisle.fl.gov

**Received**  
10-22-13

### APPLICATION FOR GAS 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: 10/21/13 PERMIT NUMBER: 2014-10-029  
The undersigned hereby applies for a permit to make: (Indicate) Natural  Liquefied Petroleum Gas  Installations as indicated below. PLEASE PRINT

Project Address: 1329 Isle Vista Ave Belle Isle FL 32809 32812  
Property Owner: Surex Homes Phone \_\_\_\_\_  
Property Owner's Mailing Address: 1133 Louisiana Ave City: Whitehall Park

State: FL Zip Code: \_\_\_\_\_ Parcel Id Number: 20-23-70-0648-00-880

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.asp?>

Class of Building: Old  New   
Type of Work: New  Alteration  Addition  Repair   
Type of Building: Residential  Commercial  Other

# GAS OUTLETS: 2 DELIVERY PRESSURE: 1/2 P.S.I. TOTAL #: 105,000

\*\*\* PLEASE ATTACH PIPING PLAN/SKETCH WITH GAS CALCULATIONS WITH EVERY PERMIT \*\*\*  
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

#### APPLIANCES:

\*ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS\*

|              |              |     |          |      |   |
|--------------|--------------|-----|----------|------|---|
| BOILER       | _____        | BTU | _____    | each | EST. COST FOR LABOR & APPLIANCE(S) \$ <u>1000</u> |
| DRYER        | _____        | BTU | _____    | each |   |
| FIREPLACE    | _____        | BTU | _____    | each |   |
| FURNACE      | _____        | BTU | _____    | each |   |
| RANGE        | <u>75000</u> | BTU | <u>1</u> | each |   |
| WATER HEATER | <u>30000</u> | BTU | <u>1</u> | each |   |
| GRILLS       | _____        | BTU | _____    | each |   |
| POOL HEATER  | _____        | BTU | _____    | each |   |
| SPA          | _____        | BTU | _____    | each |   |
| MISC         | _____        | BTU | _____    | each |   |
| MISC         | _____        | BTU | _____    | each |   |
| MISC         | _____        | BTU | _____    | each |   |

#### SPECIAL COMMENTS:

Furnace Grill

Building Official: \_\_\_\_\_ Date \_\_\_\_\_

Review & Permit Fee \$ 108.00  
3% Florida Surcharge \$ 4.00  
Total Permit Fee \$ 112.00

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: Kevin D May LICENSE # 22268  
LICENSE HOLDER NAME: Kevin D May COMPANY NAME: Michael Propane Services  
Street Address: 5640 PINE ROCK RD  
City: Orlando State: FL Zip Code: 32810 Phone Number: 407-591-2101

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number: 2013-07-039

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #GAS009

CITY OF BELLE ISLE  
Permit Application Review Sheet

|                            |   |
|----------------------------|---|
| Permit Number              | 2014-10-029                                   |
| Property Owner             | Surrey Homes                                  |
| Address                    | 4329 Isle Vista Ave                           |
| Nature of Improvement      | Gas   |
| Received Application       | 10-22-13                                      |
| Sent for Stormwater Review | /   |
| Stormwater Approved        |   |
| Sent for Zoning Review     | /   |
| Zoning Approved            |   |
| Applied for Variance       | /   |
| Variance Approved          |   |
| Sent to BO for Review      | 10-23-13                                      |
| Building Official Approved | 10-25-2013                                    |
| Comments                   |   |
| 1.                         | 10-25-13 .c.g. emailed Kevin + John its ready |
| 2.                         |   |
| 3.                         |   |
| 4.                         |   |
| 5.                         |   |
| 6.                         |   |
| 7.                         |   |
| 8.                         |   |
| 9.                         |   |
| 10.                        |   |
| 11.                        |   |
| 12.                        |   |

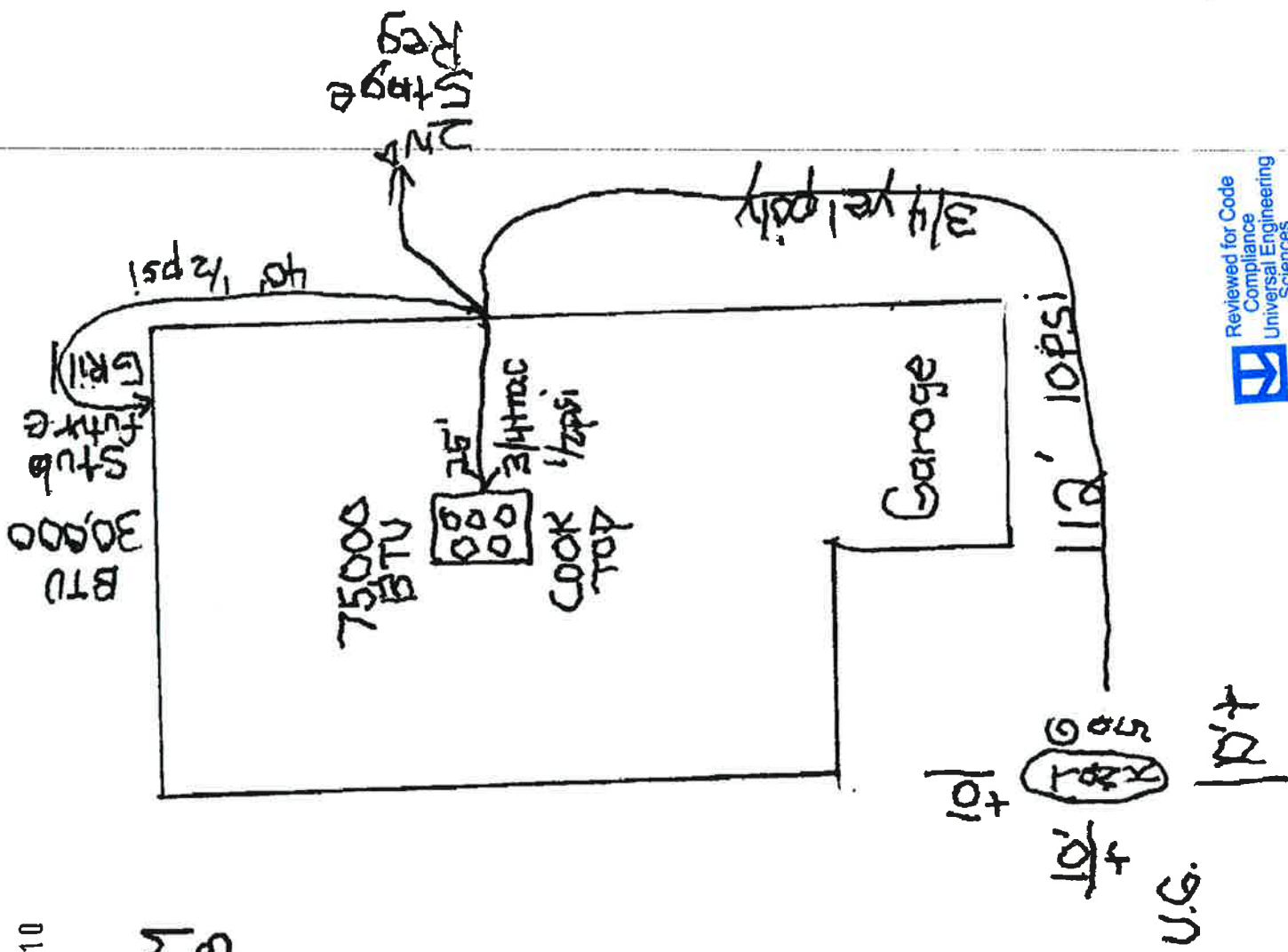
KEVIN D. MAY  
MMPROPANESERVICES@  
YAHOO.COM  
ST. LIC. 22268

M&M PROPANE SERVICES INC.

5640 PINEROCK RD.  
ORLANDO FL. 32810  
407 491 2105

Kevin D May  
10-22-2013

Lot 85  
Belle Vista  
4329 Isle Visto Av.  
Build Permit # 2013-07-039  
Parcel ID # 20-23 30066800





**OUTSIDE**

M&M PROPANE SERVICES INC

LIQUEFIED PETROLEUM GAS CODE 5640 PINE ROCK RD

ORLANDO FL. 32810  
407 491 2105

KEVIN D. MAY  
MMPROPANESERVICES@  
YAHOO.COM  
ST. L.I.C. 22268

10-22-2013  
Lot 85 BL

58-94

Table 15.1(o) Polyethylene Plastic Pipe Sizing Between First Stage and Second Stage Regulators: Nominal Outside Diameter (IPS)

| Plastic Pipe Length (ft) | Gas: Undiluted                 |                                |                               |
|--------------------------|--------------------------------|--------------------------------|-------------------------------|
|                          | 1/2 in.<br>SDR 9.33<br>(0.660) | 3/4 in.<br>SDR 11.0<br>(0.860) | 1 in.<br>SDR 11.00<br>(1.077) |
| 30                       | 2143                           | 4292                           | 7744                          |
| 40                       | 1835                           | 3673                           | 6628                          |
| 50                       | 1626                           | 3256                           | 5874                          |
| 60                       | 1473                           | 2950                           | 5322                          |
| 70                       | 1355                           | 2714                           | 4896                          |
| 80                       | 1261                           | 2525                           | 4555                          |
| 90                       | 1183                           | 2369                           | 4274                          |
| 100                      | 1117                           | 2238                           | 4037                          |
| 125                      | 990                            | 1983                           | 3578                          |
| 150                      | 897                            | 1797                           | 3242                          |
| 175                      | 826                            | 1653                           | 2983                          |
| 200                      | 778                            | 1539                           | 2775                          |
| 225                      | 721                            | 1443                           | 2603                          |
| 250                      | 681                            | 1363                           | 2459                          |
| 275                      | 645                            | 1294                           | 2336                          |
| 300                      | 617                            | 1235                           | 2228                          |
| 350                      | 567                            | 1136                           | 2050                          |
| 400                      | 528                            | 1057                           | 1907                          |
| 450                      | 495                            | 992                            | 1789                          |
| 500                      | 468                            | 937                            | 1690                          |
| 600                      | 424                            | 849                            | 1531                          |
| 700                      | 390                            | 781                            | 1409                          |
| 800                      | 363                            | 726                            | 1311                          |
| 900                      | 340                            | 682                            | 1230                          |
| 1000                     | 322                            | 644                            | 1162                          |
| 1500                     | 258                            | 517                            | 933                           |
| 2000                     | 221                            | 443                            | 798                           |

IPS: Iron pipe size.

SDR: Standard dimension ratio.

Notes:

(1) Capacities are in 1000 Btu/hr.

(2) Dimensions in parentheses are inside diameter.

Lot 85 BV  
10-22-2013

KEVIN D. MAY  
MMPROPANESERVICES@  
YAHOO.COM  
ST. LIC. 22268

M&M PROPANE SERVICES INC  
5640 PINEROCK RD.  
ORLANDO FL. 32810  
407 491 2105

Inside

Table P-1B Propane

Maximum Capacity of TracPipe CSST in Thousands of BTU per Hour Propane Gas  
Min. Gas Pressure: 12-14 in w.c.  
Pressure Drop: 2.0 in w.c.  
(Based on a 1.52 Specific Gravity / 2520 BTU per cubic foot Gas)

| Size   | EHD | Tubing Length (feet) |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |      |      |      |      |      |      |
|--------|-----|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|------|------|------|------|------|------|
|        |     | 5                    | 10   | 15   | 20   | 25   | 30   | 40   | 50   | 60   | 70   | 75   | 80   | 90   | 100  | 125  | 150  | 200  | 250  | 300  | 400  | 500  | 600  | 700  | 800  | 900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 |
| 3/8"   | 15  | 180                  | 118  | 114  | 100  | 89   | 82   | 71   | 65   | 59   | 55   | 54   | 52   | 49   | 46   | 41   | 38   | 33   | 30   | 27   | 24   | 22   | 19   | 17   | 17   | 16  | 16   | 14   | 14   | 13   | 13   | 13   |
| 1/2"   | 19  | 427                  | 308  | 262  | 210  | 188  | 179  | 157  | 139  | 128  | 119  | 116  | 111  | 104  | 100  | 90   | 82   | 71   | 63   | 50   | 45   | 40   | 41   | 38   | 36   | 35  | 32   | 30   | 30   | 28   | 27   | 27   |
| 3/4"   | 25  | 1009                 | 763  | 625  | 545  | 480  | 446  | 388  | 348  | 310  | 294  | 285  | 277  | 261  | 249  | 222  | 204  | 177  | 158  | 140  | 127  | 112  | 103  | 96   | 90   | 81  | 81   | 78   | 73   | 71   | 68   | 68   |
| 1"     | 31  | 1640                 | 1308 | 1073 | 933  | 836  | 765  | 683  | 595  | 543  | 503  | 486  | 472  | 445  | 423  | 389  | 347  | 301  | 268  | 247  | 224  | 197  | 178  | 161  | 150  | 144 | 130  | 130  | 126  | 120  | 116  | 113  |
| 1 1/4" | 37  | 3409                 | 2487 | 2022 | 1758 | 1574 | 1438 | 1249 | 1118 | 1023 | 948  | 917  | 888  | 838  | 786  | 712  | 652  | 567  | 507  | 461  | 409  | 361  | 320  | 300  | 280  | 271 | 266  | 246  | 244  | 226  | 217  | 211  |
| 1 1/2" | 46  | 5714                 | 4023 | 3277 | 2834 | 2532 | 2308 | 1897 | 1783 | 1628 | 1504 | 1452 | 1406 | 1325 | 1268 | 1123 | 1023 | 885  | 790  | 720  | 622  | 554  | 507  | 468  | 448  | 430 | 414  | 398  | 381  | 361  | 348  | 340  |
| 2"     | 62  | 13073                | 9259 | 7568 | 6550 | 5869 | 5361 | 4645 | 4158 | 3797 | 3516 | 3308 | 3200 | 3103 | 2946 | 2635 | 2407 | 2085 | 1867 | 1704 | 1477 | 1333 | 1206 | 1110 | 1047 | 990 | 946  | 903  | 861  | 822  | 791  | 766  |

Notes: EHD (Equivalent Hydraulic Diameter) A theoretical size which reflects the hydraulic performance of the tubing. It is not a true physical measure. This number is used to compare technical specs. between different manufacturers. The higher the EHD number the greater the flow capacity of the piping.

p.5

4076283484

70

Table P-2 Propane Medium Pressure

Maximum Capacity of TracPipe CSST in Thousands of BTU per Hour Propane Gas  
Min. Gas Pressure: 13-14 in w.c.  
Pressure Drop: 2.5 in w.c.  
(Based on a 1.52 Specific Gravity / 2520 BTU per cubic foot Gas)

| Size   | EHD | Tubing Length (feet) |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |     |
|--------|-----|----------------------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|
|        |     | 5                    | 10    | 15   | 20   | 25   | 30   | 40   | 50   | 60   | 70   | 75   | 80   | 90   | 100  | 125  | 150  | 200  | 250  | 300  | 400  | 500  | 600  | 700  | 800  | 900  | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 |     |
| 3/8"   | 15  | 222                  | 159   | 131  | 114  | 102  | 93   | 81   | 73   | 67   | 62   | 60   | 58   | 55   | 52   | 46   | 43   | 36   | 33   | 30   | 27   | 24   | 22   | 21   | 19   | 17   | 17   | 16   | 14   | 14   | 14   |      |     |
| 1/2"   | 19  | 481                  | 353   | 290  | 264  | 228  | 209  | 182  | 164  | 150  | 140  | 136  | 131  | 124  | 116  | 100  | 97   | 85   | 76   | 70   | 67   | 61   | 56   | 55   | 50   | 48   | 46   | 44   | 42   | 40   | 39   | 38   |     |
| 3/4"   | 25  | 1192                 | 850   | 688  | 606  | 545  | 497  | 432  | 388  | 355  | 329  | 318  | 309  | 291  | 277  | 249  | 226  | 198  | 177  | 161  | 141  | 127  | 116  | 106  | 100  | 95   | 89   | 85   | 82   | 79   | 77   | 76   |     |
| 1"     | 31  | 2812                 | 1853  | 1720 | 1543 | 1408 | 1276 | 1108 | 976  | 883  | 826  | 771  | 718  | 686  | 673  | 632  | 588  | 533  | 470  | 438  | 398  | 352  | 320  | 293  | 274  | 260  | 246  | 230  | 214  | 200  | 189  | 180  | 174 |
| 1 1/4" | 37  | 3870                 | 2753  | 2256 | 1958 | 1758 | 1603 | 1393 | 1248 | 1142 | 1058 | 1023 | 991  | 936  | 886  | 788  | 728  | 632  | 567  | 518  | 450  | 402  | 367  | 340  | 320  | 301  | 287  | 271  | 254  | 241  | 226  | 217  | 211 |
| 1 1/2" | 46  | 6393                 | 4503  | 3806 | 3173 | 2834 | 2584 | 2234 | 1997 | 1821 | 1685 | 1628 | 1574 | 1484 | 1408 | 1268 | 1146 | 990  | 885  | 808  | 697  | 622  | 568  | 526  | 481  | 452  | 430  | 410  | 390  | 370  | 350  | 330  | 310 |
| 2"     | 62  | 14500                | 10347 | 8456 | 7328 | 6558 | 5990 | 5192 | 4645 | 4243 | 3930 | 3797 | 3678 | 3407 | 3200 | 2946 | 2688 | 2331 | 2085 | 1905 | 1650 | 1477 | 1348 | 1249 | 1168 | 1102 | 1047 | 990  | 946  | 903  | 861  | 822  | 791 |

Notes: Tables above include losses for four 90-degree bends and two end fittings. Tubing runs with larger numbers of bends and/or fittings shall be increased by the equivalent length of tubing to the following equivalent:  
1. In where L is the additional length of tubing and n is the number of additional fittings and/or bends.

M&M Propane Services

Oct 22 13 12:22p



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KC

DATE (MM/DD/YYYY)  
10/22/2013

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<br>Casuality Insurance Service LLC<br>P O Box 720339<br>ORLANDO, FL 32872<br>Wayne Spurling | CONTACT NAME: Karen Clarke<br>PHONE (A/C No.): 407-896-6644<br>FAX (A/C No.): 407-898-4953<br>E-MAIL ADDRESS: karen@cobcis.com<br>PRODUCER CUSTOMER ID #: M&MPR-1 |
| Phone: 407-896-6644<br>Fax: 407-898-4953   |   |
| INSURED<br>M&M PROPANE SERVICES, INC.<br>5640 PINEROCK ROAD<br>ORLANDO, FL 32810                     | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Hermitage Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:                     |
|  | NAIC #<br>524126  |

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|--------------------|---------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                    | HGL505476-10  | 04/21/2013              | 04/21/2014              | EACH OCCURRENCE \$ 1,000,000                        |
|          |   |                    |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
|          |   |                    |               |                         |                         | MED EXP (Any one person) \$ EXCLUDED                |
|          |   |                    |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC                              |                    |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                      |
|          | AUTOMOBILE LIABILITY  |                    |               |                         |                         | PRODUCTS - COMPIOP AGG \$ 1,000,000                 |
|          | ANY AUTO  |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$              |
|          | ALL OWNED AUTOS   |                    |               |                         |                         | BODILY INJURY (Per person) \$                       |
|          | SCHEDULED AUTOS   |                    |               |                         |                         | BODILY INJURY (Per accident) \$                     |
|          | HIRED AUTOS   |                    |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                   |
|          | NON-OWNED AUTOS   |                    |               |                         |                         | \$  |
|          | UMBRELLA LIAB   |                    |               |                         |                         | \$  |
|          | EXCESS LIAB   |                    |               |                         |                         | \$  |
|          | DEDUCTIBLE  |                    |               |                         |                         | \$  |
|          | RETENTION \$  |                    |               |                         |                         | \$  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                    |               |                         |                         | W/ STATU- TORY LIMITS                               |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   |                    |               |                         |                         | E.L. EACH ACCIDENT \$                               |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |                    |               |                         |                         | E.L. DISEASE -EA EMPLOYEE \$                        |
|          |   |                    |               |                         |                         | E.L. DISEASE -POLICY LIMIT \$                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 201, Additional Remarks Schedule, if more space is required)

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>UNIVERSAL ENGINEERING<br>SCIENCE INC<br>F407-581-0313<br>3532 MAGGIE BLVD<br>ORLANDO, FL 32811 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

ACORD 25 (2009/09)

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Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
P.O. Box 6700  
Tallahassee, Florida 32399-6700

License Number: 22268

Business Mailing Address:

M & M PROPANE SERVICES INC.  
5640 PINEROCK RD  
ORLANDO, FL 32810-4527

Licensed Location Address

M & M PROPANE SERVICES INC.  
5640 PINEROCK RD  
ORLANDO, FL 32810-4527

The liquefied petroleum gas license at the bottom of this form is valid **ONLY** for the company located at the address of the licensee. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

**IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION:** This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or charges to your business mailing address and/or your licensed location address and return the **UPPER PORTION** with corrections to:

Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
P.O. Box 6700  
Tallahassee, Florida 32399-6700

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POST LICENSE  
CONSPICUOUSLY

## State of Florida Department of Agriculture and Consumer Services

Division of Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
(850) 921-1600  
Tallahassee, Florida

License Number: 22268  
Expiration Date: August 31, 2014  
Date of Issue: September 1, 2013  
License Fee: \$200.00  
Type and Class: 0803

# Liquefied Petroleum Gas License LP GAS INSTALLER

GOOD FOR ONE LOCATION ONLY  
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

**M & M PROPANE SERVICES INC.**  
5640 PINEROCK RD  
ORLANDO, FL 32810-4527

  
ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE



Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
3125 Conner Boulevard, Suite N  
Tallahassee, Florida 32399-1650

**Master Qualifier Mailing Address**

KEVIN DEWAYNE MAY  
M & M PROPANE SERVICES INC.  
5640 PINEROCK RD  
ORLANDO, FL 32810-4527

**Licensed Location Address**

M & M PROPANE SERVICES INC.  
5640 PINEROCK RD  
ORLANDO, FL 32810-4527

**Certificate Number**  
14801

**License Number**  
22268

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of LP Gas Inspection at (850) 921-1600 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 12 (twelve) hours continuing education is provided along with the renewal form. If training cannot be documented, an examination must be taken.

If there are any errors on the certificate, please submit all changes in writing to:

Bureau of Liquefied Petroleum Gas Inspection  
3125 Conner Boulevard, Suite N  
Tallahassee, Florida 32399-1650

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**State of Florida  
Department of Agriculture and Consumer Services**

Division of Standards  
Bureau of Liquefied Petroleum Gas Inspection  
(850) 921-1600  
Tallahassee, Florida

Certificate No: 14801  
Exam Date: July 17, 2001  
Issue Date: June 21, 2012  
Expiration Date: June 20, 2015  
Exam: 0601

**MASTER QUALIFIER CERTIFICATE**

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:  
**KEVIN DEWAYNE MAY**

Valid For  
License Number: 22268  
M & M PROPANE SERVICES INC.  
5640 PINEROCK RD  
ORLANDO, FL 32810-4527

  
ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE