



# 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: one 5-ton change out  <b>comments:</b> NONE</p> <p><b>Project Information</b>  <b>Address:</b> 4230 Cranmore Ct, Belle Isle, FL 32812  <b>Parcel ID:</b> 20-23-30-1661-00-710  <b>Property Owner:</b> Gray, Allan  <b>Phone Number:</b> none</p> <p>*****  <b>Company Name:</b> Broward Factory Service  <b>Contractor Name:</b> Herd, Clifford  <b>License Number:</b> CAC056778  <b>Address:</b> 3337 Bartlett Blvd, Orlando, FL 32811  <b>Phone Number:</b> 407 425 2556</p>	<p style="text-align: right;"><b>Permit Number: 2016-08-014</b></p> <p style="text-align: right;"><b>Date of Application:</b> 08/10/2016  <b>Date Permit Issued:</b> 08/11/2016</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>
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### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>School \$          Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$          Demo \$          Building \$          Fence \$          Driveway \$          Shed \$          Window(s) \$          Door(s) \$          PrePower \$          Electrical \$          Temp Pole \$          Plumbing \$          Mechanical \$100.50          Gas \$          Roofing \$          Boat Dock \$          Screen Encl \$          Swimming Pool \$          Sign \$</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><b>Date Paid</b> 8-19-16</p> <p><b>CC or Check #</b> AMEX 8295</p> <p><b>Amount Paid</b> 104.50</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><input type="checkbox"/> <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><input type="checkbox"/> <b>ROOFING</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><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></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><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> <b>GAS</b> __Natural__ LP    <input type="checkbox"/> <b>MECHANICAL</b>    <input type="checkbox"/> <b>ELECTRICAL</b>    <input type="checkbox"/> <b>LOW VOLTAGE</b></p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13



# 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: 8/10/16 PERMIT NUMBER 2016-08-014

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

Project Address 4230 CREAMCREEK CT, Belle Isle FL 32809  32812  
Property Owner ALLAH GRAY Phone \_\_\_\_\_  
Property Owner's Mailing Address 4230 CREAMCREEK CT City BELLE ISLE  
State FL Zip Code 32812 Parcel Id Number: 20-23-20-1100-00-710

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 = SHOULD POSTED at unit**

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

Air Conditioning: # of Units 1 Tons Per Unit 1 Total Tons 5  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ \_\_\_\_\_

Heating: # of Units KWS Per Unit 1 Total KWS 10 BTU's \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Oil  Electric  Boiler  Gas

(A) Estimated Cost Fee \$ 1025.00

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 [Signature] LICENSE # CAC056778

LICENSE HOLDER NAME CLIFFORD A. HEED COMPANY NAME BROWARD FACTORY SERVICE

Street Address 3337 BARLITT Blvd

City ORLANDO State FL Zip Code 32811 Phone Number 407.425.2550

Email Address gray@browardfactory.com

Building Official: AS BARTMAN Date 8-11-16  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-11-16

Permit Fee	\$	<u>67-</u>
Review Fee	\$	<u>33.50</u>
3% Florida Surcharge	\$	<u>4.-</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.

wo 7086

base 37  
5x6 30  
67 = 2  
190.50

Building Permit Number \_\_\_\_\_



# UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences  
Geophysical Services • Materials Testing • Threshold Inspection  
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 70816

## Inspection Report

Project Name: 4230 Cranmore Court ~ COBI  
Address: 4230 Cranmore Court ~ COBI, Belle Isle, Orange County, FL  
Client: City of Belle Isle  
ProjectNo.: 0115.1600441.0000-0915-01

Date: 08/11/2016 Any any  
Permit No: 2016-08-014  
Lot No.:  
Contact: Susan Manchester at 407 581 8161

Scope of Inspection: REVIEW app for mechanical permit

Inspection Type:

## Disposition of Inspection:

Comments: Assigned to Art Barthlow 08.11.16

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Susan Manchester

*Approved*  
~~Waiting on GC~~ ✓  
*SJM*

## Susan Manchester

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**From:** Art Barthlow  
**Sent:** Thursday, August 11, 2016 11:27 AM  
**To:** Susan Manchester  
**Subject:** RE: 4230 Cranmore Ct - app for review mechanical permit 2016-08-014 - Broward Factory Service

The Change out is fine.

Best Regards,

**Art Barthlow, Senior Plans Examiner**

**CBC, BN, PX, CFI, BU, MCP**

office: 904.296.0757 | mobile: 904.376.0051 | email: [abarthlow@universalengineering.com](mailto:abarthlow@universalengineering.com)

**Universal Engineering Sciences, Inc.** | 5561 Florida Mining Boulevard South, Jacksonville, FL 32256 |

[www.universalengineering.com](http://www.universalengineering.com)

**Plans Review • Private Provider Inspection • Environmental Sciences  
Construction Materials Testing • Threshold Inspection • Geotechnical Engineering and Drilling**

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**From:** Susan Manchester  
**Sent:** Thursday, August 11, 2016 9:28 AM  
**To:** Art Barthlow  
**Cc:** CobiPermits; Dale Baker; Ricky Agee  
**Subject:** 4230 Cranmore Ct - app for review mechanical permit 2016-08-014 - Broward Factory Service

Hi Art,

WO 70816 also attached with app.

Thank you,

*Susan Manchester*

Universal Engineering Sciences, Inc.

3532 Maggie Blvd.

Orlando, FL 32811

Phone: 407-581-8161

Fax: 407-581-0313

Email: [smanchester@universalengineering.com](mailto:smanchester@universalengineering.com)



# Certificate of Product Ratings

**AHRI Certified Reference Number: 7489184**

**Date: 8/3/2016**

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

**Outdoor Unit Model Number: RP1460AJ1**

**Indoor Unit Model Number: RH1T6024STAN**

**Manufacturer: RHEEM SALES COMPANY, INC.**

**Trade/Brand name: RHEEM; RUUD**

**Series name:**

**Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.**

**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):	11.50
SEER Rating (Cooling):	14.00
Heating Capacity(Btuh) @ 47 F:	57000
Region IV HSPF Rating (Heating):	9.00
Heating Capacity(Btuh) @ 17 F:	35800



\* 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**

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**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.

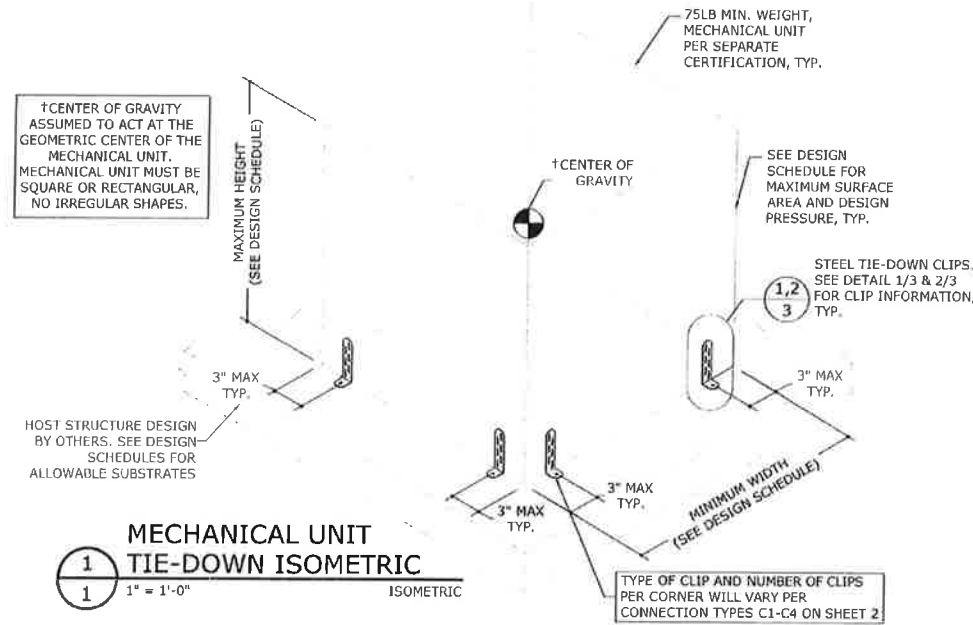
©2014 Air-Conditioning, Heating, and Refrigeration Institute



**CERTIFICATE NO.:** 131147251384968915

# BMP INTERNATIONAL, INC.

## MECHANICAL UNIT STEEL TIE-DOWN CLIP: AT GRADE & ROOF-TOP MOUNTED APPLICATIONS



### DESIGN NOTES:

THIS PRODUCT HAS BEEN DESIGNED IN ACCORDANCE WITH ASCE 7-10 AND THE FLORIDA BUILDING CODE FOR USE WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONES INDICATED IN THE ACCOMPANYING DESIGN SCHEDULES. THE DESIGN CRITERIA USED TO CALCULATE THE ALLOWABLE ROOF-TOP HEIGHTS CONSIDERS ASCE 7-10 SECTION 29.5.1 FOR ROOF TOP HEIGHTS (H) ≤ 60 FT AND SECTION 29.5 FOR ROOF TOP HEIGHTS (H) > 60 FT & SECTION 29.4.1 FOR INSTALLATIONS AT GRADE.  $(GC_{f,roof}) = 3.10$  WITHIN THE HVHZ,  $(GC_{f,roof}) = 1.90$  OUTSIDE THE HVHZ,  $(GC_{f,roof}) = 1.5$  FOR ALL LOCATIONS (CONCURRENT). ALL OTHER DESIGN VARIABLES ARE IN ACCORDANCE WITH ASCE 7-10 CHAPTERS 26 & 29. THE HEIGHTS LISTED IN THE DESIGN SCHEDULES REPRESENT THE ALLOWABLE HEIGHT OF THE BUILDING. THIS PRODUCT APPROVAL ALLOWS FOR EACH UNIT TO BE INSTALLED ON A MAXIMUM 30" TALL A/C STAND (CERTIFICATION BY OTHERS) ON TOP OF THE HEIGHTS LISTED IN THE DESIGN SCHEDULES.

### GENERAL NOTES:

- THIS PRODUCT HAS BEEN DESIGNED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE & ASCE 7-10. THIS PRODUCT MAY BE USED WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONE.
- NO 33-1/3% INCREASE IN ALLOWABLE STRESS HAS BEEN USED IN THE DESIGN OF THIS SYSTEM.
- DESIGN IS BASED ON CLIENT PROVIDED PRODUCT AND DIE SHEETS FROM TEST REPORTS #TEL 01970387A, #TEL 01970387B BY TESTING EVALUATION LABORATORIES, INC.. NO SUBSTITUTIONS WITHOUT WRITTEN APPROVAL BY THIS ENGINEER SHALL BE PERMITTED.
- MAXIMUM & MINIMUM DIMENSIONS AND MINIMUM WEIGHT OF MECHANICAL UNIT SHALL CONFORM TO SPECIFICATIONS STATED HEREIN. ALL MECHANICAL SPECIFICATIONS (CLEAR SPACE, TONNAGE, ETC.) SHALL BE AS PER MANUFACTURER RECOMMENDATIONS AND ARE THE EXPRESS RESPONSIBILITY OF THE CONTRACTOR.
- FASTENERS TO BE #12 X 3/4" OR GREATER SAE GRADE 5 UNLESS NOTED OTHERWISE. TAPCONS REFERRED TO HEREIN SHALL BE ITW BUILDEX BRAND, CARBON STEEL ONLY, INSTALLED TO 3000 PSI MIN CONCRETE. SEE ANCHOR SCHEDULE FOR ANCHOR REQUIREMENTS. ALL FASTENERS SHALL HAVE APPROPRIATE CORROSION PROTECTION TO PREVENT ELECTROLYSIS.
- ALL STEEL CLIPS SHALL BE ASTM A283 STEEL (GRADE D) WITH  $F_y = 33$  KSI OR BETTER. ALL STEEL MEMBERS SHALL BE PROTECTED AGAINST CORROSION WITH AN APPROVED COAT OF PAINT, ENAMEL OR OTHER APPROVED PROTECTION. G90-RATED COATING REQUIRED FOR ALL COASTAL INSTALLATIONS.
- ALL CONCRETE SPECIFIED HEREIN IS NOT PART OF THIS CERTIFICATION. AS A MINIMUM, ALL CONCRETE SHALL BE STRUCTURAL CONCRETE 4" MIN. THICK AND SHALL HAVE MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI, UNLESS NOTED OTHERWISE.
- THE CONTRACTOR IS RESPONSIBLE TO INSULATE ALL MEMBERS FROM DISSIMILAR MATERIALS TO PREVENT ELECTROLYSIS.
- ELECTRICAL GROUND, WHEN REQUIRED, TO BE DESIGNED & INSTALLED BY OTHERS.
- THE ADEQUACY OF ANY EXISTING STRUCTURE TO WITHSTAND SUPERIMPOSED LOADS SHALL BE VERIFIED BY THE ONSITE DESIGN PROFESSIONAL AND IS NOT INCLUDED IN THIS CERTIFICATION EXCEPT AS EXPRESSLY PROVIDED HEREIN, NO ADDITIONAL CERTIFICATIONS OR AFFIRMATIONS ARE INTENDED.
- THE SYSTEM DETAILED HEREIN IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SPECIFIC SITE. FOR SITE CONDITIONS DIFFERENT FROM THE CONDITIONS DETAILED HEREIN, A LICENSED ENGINEER OR REGISTERED ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE IN CONJUNCTION WITH THIS DOCUMENT.
- WATER-TIGHTNESS OF EXISTING HOST SUBSTRATE SHALL BE THE FULL RESPONSIBILITY OF THE INSTALLING CONTRACTOR. CONTRACTOR SHALL ENSURE THAT ANY REMOVED OR ALTERED WATERPROOFING MEMBRANE IS RESTORED AFTER FABRICATION AND INSTALLATION OF STRUCTURE PROPOSED HEREIN, THIS ENGINEER SHALL NOT BE RESPONSIBLE FOR ANY WATERPROOFING OR LEAKAGE ISSUES WHICH MAY OCCUR AS WATER-TIGHTNESS SHALL BE THE FULL RESPONSIBILITY OF THE INSTALLING CONTRACTOR.
- FOR AN EXPLANATION OF EXPOSURE CATEGORIES THAT ACCOMPANY THE  $V_{ult}$  WIND SPEEDS USED IN THIS APPROVAL, SEE SECTION 26.7.3 OF ASCE 7-10.

### TIE-DOWN CLIP DIRECTIVE EXAMPLE

(THE FOLLOWING EXAMPLE ILLUSTRATES THE PROCEDURE USED TO DETERMINE THE MAXIMUM ALLOWABLE ROOF-TOP INSTALLATION HEIGHT, H, FOR ANY GIVEN MECHANICAL UNIT THAT CONFORMS TO THE DIMENSION RESTRICTIONS AND DESIGN CRITERIA LISTED HEREIN. SEE SHEETS 4-5 FOR DESIGN SCHEDULES.)

#### MECHANICAL UNIT CRITERIA:

CONSIDER THE INSTALLATION OF (1) MECHANICAL UNIT WITH THE FOLLOWING CRITERIA=

- $V_{ult} = 170$  MPH, EXPOSURE 'B'
- 48" TALL x 48" DEEP x 48" WIDE, 100 LB (WEIGHT AS VERIFIED BY OTHERS)
- INSTALLED TO 3000 PSI MIN CONCRETE WITH (1)-2" CLIP AT EACH CORNER OF UNIT (TOTAL OF (4) CLIPS)

#### PROCEDURE:

PROCEDURE STEP	RESULT
1 DETERMINE THE CONNECTION TYPE BASED ON THE DIAGRAMS ON SHEET 2	CONNECTION TYPE 3
2 DETERMINE WHICH DESIGN SCHEDULE TABLE TO USE	THIS INSTALLATION IS INTENDED FOR A $V_{ult} = 170$ MPH, EXPOSURE 'B'. THIS DESIGN CRITERIA CORRESPONDS TO TABLE 5
3 DETERMINE LARGEST FACE AREA OF MECHANICAL UNIT TO BE INSTALLED	48"x48"=16FT <sup>2</sup>
4 CHECK MAXIMUM UNIT HEIGHT RESTRICTION	THIS UNIT HEIGHT OF 48" IS EQUAL TO THE MAXIMUM ALLOWABLE HEIGHT OF 48". <b>NOTE: THIS PRODUCT APPROVAL ALLOWS THE UNIT TO BE INSTALLED ON TOP OF AN A/C STAND THAT IS A MAXIMUM 30" TALL. IF AN A/C STAND IS UTILIZED, CHECK TO SEE THAT THE STAND DOES NOT EXCEED 30" IN HEIGHT</b>
5 CHECK MINIMUM UNIT WIDTH RESTRICTION	UNIT WIDTH IS 48" WHICH IS GREATER THAN THE MINIMUM ALLOWABLE WIDTH OF 24"
6 DETERMINE THE ALLOWABLE ROOF-TOP HEIGHT OF THE INSTALLATION	THIS UNIT MAY BE INSTALLED AT ROOF HEIGHTS LESS THAN OR EQUAL TO 15 FT. ADDITIONALLY, THIS UNIT MAY BE INSTALLED ON ROOF-TOP HEIGHTS GREATER THAN 60 FT AND LESS THAN 100 FT. SEE (*) ON TABLE 5 FOR THE NUMERICAL VALUES OF THIS DESIGN EXAMPLE

FRANK L. BENNARDI, P.E.  
REGISTERED PROFESSIONAL ENGINEER  
FLORIDA LICENSE NO. 46549

160 SW 12th Avenue, Suite 200  
Deerfield Beach, FL 33442  
Ph: (561) 354-0660 Fax: (561) 354-0445  
WWW.ENGINEERINGEXPRESS.COM  
A. FRANK L. BENNARDI, P.E. INC.

**BMP INTERNATIONAL, INC.**  
4710 28TH STREET NORTH  
ST. PETERSBURG, FL 33471  
PH: (727) 577-1613

REVISION	DATE	BY	CHKD	DATE
1	12-11-14	FLB	FLB	12-11-14
2	02-15-15	CSL	TSB	02-15-15
3	04-03-15	RPN	CSL	04-03-15

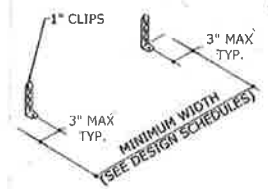
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**15-2378**  
SCALE: N.T.S.  
PAGE DESCRIPTION:

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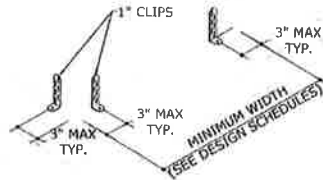
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MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



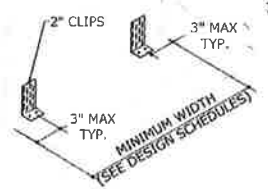
**C1 CONNECTION TYPE C1**  
 1" CLIP - UTILIZE (1) AT EACH CORNER FOR A TOTAL OF (4) PER UNIT

MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



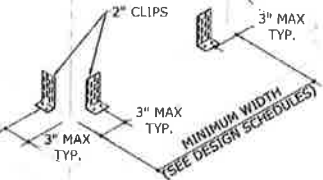
**C2 CONNECTION TYPE C2**  
 1" CLIP - UTILIZE (2) AT EACH CORNER FOR A TOTAL OF (8) PER UNIT

MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



**C3 CONNECTION TYPE C3**  
 2" CLIPS - UTILIZE (1) AT EACH CORNER FOR A TOTAL OF (4) PER UNIT

MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



**C4 CONNECTION TYPE C4**  
 2" CLIPS - UTILIZE (2) AT EACH CORNER FOR A TOTAL OF (8) PER UNIT

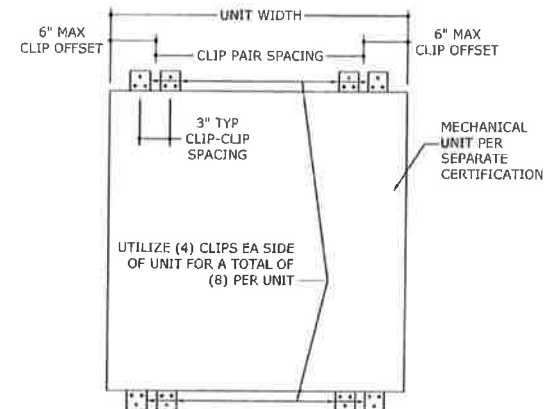
**ANCHOR SCHEDULE:  
 1" CLIPS**

SUBSTRATE	DESCRIPTION
CONCRETE: (4" THICK MIN, 3000 PSI MIN.)	(1)-5/16"Ø CARBON STEEL 1TW BUILDEX TAPCON, 2¼" FULL EMBED TO CONCRETE, 3¾" MIN. EDGE DISTANCE, 3¾" MIN. SPACING TO ANY ADJACENT ANCHOR.
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE

**2" CLIPS**

SUBSTRATE	DESCRIPTION
CONCRETE: (4" THICK MIN, 3000 PSI MIN.)	(1)-5/16"Ø CARBON STEEL 1TW BUILDEX TAPCON, 2¼" FULL EMBED TO CONCRETE, 3¾" MIN. EDGE DISTANCE, 3¾" MIN. SPACING TO ANY ADJACENT ANCHOR.
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(2)-#14 SAE GRADE 5 SHEET METAL SCREWS TO ALUMINUM, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(2)-#14 SAE GRADE 5 SHEET METAL SCREWS TO STEEL, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE

1. EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
2. ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.
3. SEE DETAILS ON SHEET 3 FOR ANCHORS ATTACHING TO MECHANICAL UNIT.



**5 ALTERNATE (8) CLIP DETAIL**  
 N.T.S. PLAN VIEW

THIS DETAIL MAY BE USED AS AN ALTERNATE GEOMETRIC PATTERN FOR ALL CONNECTION TYPES THAT UTILIZE (2) CLIPS AT EACH CORNER FOR A TOTAL OF (8) CLIPS PER UNIT.

FRANK L. BENNARDI, P.E.  
 REGISTERED PROFESSIONAL ENGINEER  
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 ENGINEERING EXPERTS  
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 Deerfield Beach, FL 33442  
 Ph: (954) 354-0660 Fax: (954) 354-0660  
 WWW.ENGEXPERTS.COM  
 CERT. OF AUTH. AND REG. NO. 46549 FOR  
 A FRANK L. BENNARDI, P.E. DESIGNER FOR

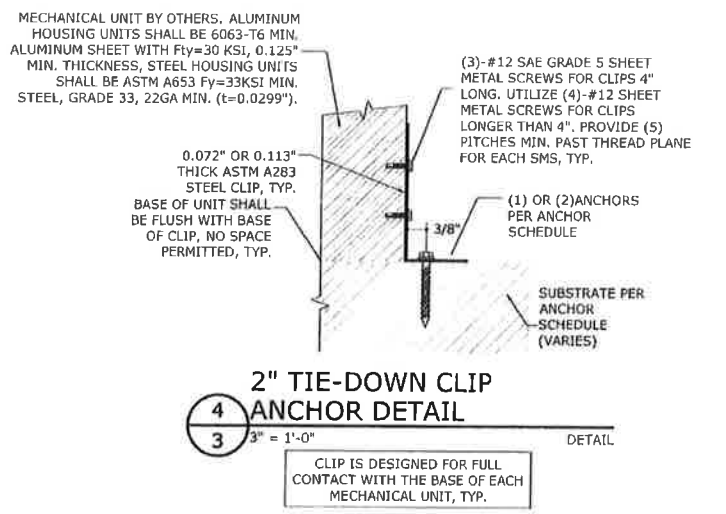
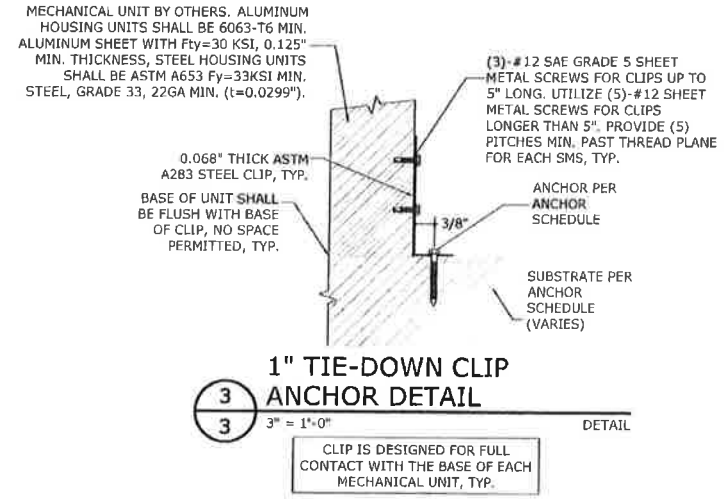
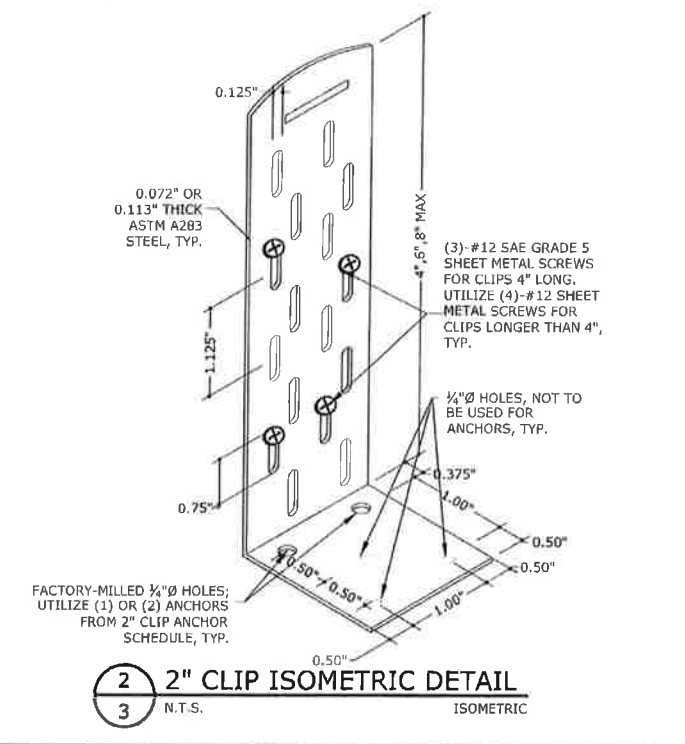
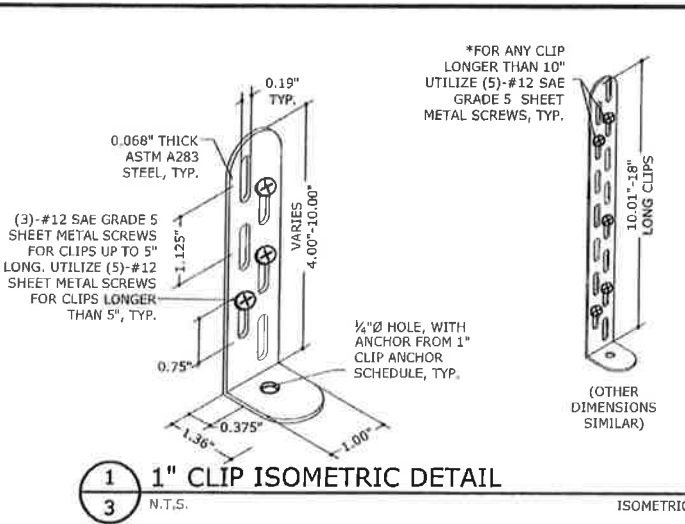
**BMP INTERNATIONAL, INC.**  
 4710 28TH STREET NORTH  
 ST. PETERSBURG, FL 33471  
 PH: (727) 577-1613  
 MECHANICAL UNIT STEEL TIE-DOWN CLIPS  
 FRC 5TH EDITION (2014) PRODUCT APPROVAL FL#14239.1

REVISIONS	DRAWN	CHECKED	DATE
1	TRB	FLB	10-11-11
2	CSL	TSB	02-15-12
3	RWN	CSL	04-06-15

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 MECHANICAL UNIT STEEL TIE-DOWN CLIPS  
 FBC 5TH EDITION (2014) PRODUCT APPROVAL FL#14239-1

REVISIONS	BY	DATE
1	FRANK L. BENNARDI	12-15-11
2	FRANK L. BENNARDI	02-15-13
3	FRANK L. BENNARDI	04-06-15

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**TABLE 1: Vult=175 MPH, EXPOSURE C**  
(FOR USE WITH A RISK CATEGORY II STRUCTURE IN THE HIGH VELOCITY HURRICANE ZONE\*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT²	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	AT GRADE	AT GRADE	H ≤ 60 FT
4 FT²	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	H ≤ 30 FT	H ≤ 200 FT
6 FT²			AT GRADE	H ≤ 40 FT	AT GRADE	H ≤ 200 FT
9 FT²			N/A	AT GRADE	AT GRADE	H ≤ 160 FT
12 FT²			N/A	AT GRADE	AT GRADE	H ≤ 40 FT
16 FT²	60" MAX	48" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT²			N/A	AT GRADE	N/A	AT GRADE
25 FT²			N/A	AT GRADE	N/A	AT GRADE
30 FT²			N/A	N/A	N/A	AT GRADE
36 FT²			N/A	N/A	N/A	AT GRADE

\*THIS TABLE IS PERMISSIBLE TO BE USED WITHIN THE HVHZ WHICH CONTAINS BROWARD AND MIAMI-DADE COUNTIES. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

**TABLE 2 : Vult=175 MPH, EXPOSURE D**  
(FOR USE WITH A RISK CATEGORY II STRUCTURE IN THE HIGH VELOCITY HURRICANE ZONE\*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT²	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	AT GRADE	N/A	H ≤ 30 FT
4 FT²	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	AT GRADE	H ≤ 200 FT
6 FT²			N/A	H ≤ 15 FT	AT GRADE	H ≤ 200 FT
9 FT²			N/A	AT GRADE	AT GRADE	H ≤ 80 FT
12 FT²			N/A	AT GRADE	N/A	AT GRADE
16 FT²	60" MAX	48" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT²			N/A	AT GRADE	N/A	AT GRADE
25 FT²			N/A	N/A	N/A	AT GRADE
30 FT²			N/A	N/A	N/A	AT GRADE
36 FT²			N/A	N/A	N/A	AT GRADE

\*THIS TABLE IS PERMISSIBLE TO BE USED WITHIN THE HVHZ WHICH CONTAINS BROWARD AND MIAMI-DADE COUNTIES. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

**TABLE 3 : Vult=170 MPH, EXPOSURE C**  
(FOR USE WITH A RISK CATEGORY II STRUCTURE\*)

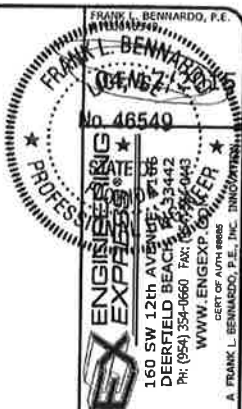
MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT²	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 160 FT	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
4 FT²	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT²			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT²			N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
12 FT²			N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
16 FT²	60" MAX	48" MIN	N/A	AT GRADE	N/A	H ≤ 200 FT
20 FT²			N/A	AT GRADE	N/A	H ≤ 200 FT
25 FT²			N/A	N/A	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT
30 FT²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 180 FT
36 FT²			N/A	N/A	N/A	AT GRADE

\*AS AN EXAMPLE, THIS TABLE IS PERMISSIBLE TO BE USED WITHIN PALM BEACH COUNTY. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

**TABLE 4 : Vult=170 MPH, EXPOSURE D**  
(FOR USE WITH A RISK CATEGORY II STRUCTURE\*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT²	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
4 FT²	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 100 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT²			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT²			N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
12 FT²			N/A	AT GRADE 60 FT < H ≤ 120 FT	N/A	H ≤ 200 FT
16 FT²	60" MAX	48" MIN	N/A	N/A	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
20 FT²			N/A	AT GRADE	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
25 FT²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 200 FT
30 FT²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 100 FT
36 FT²			N/A	N/A	N/A	AT GRADE

\*AS AN EXAMPLE, THIS TABLE IS PERMISSIBLE TO BE USED WITHIN PALM BEACH COUNTY. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.



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 FBC 5TH EDITION (2014) PRODUCT APPROVAL FL#14239.1

REVISIONS	DATE	DATE	DATE
ISSUE (1)	12-11-11	12-11-11	12-11-11
ISSUE (2)	02-15-13	02-15-13	02-15-13
ISSUE (3)	04-06-15	04-06-15	04-06-15
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**TABLE 5 : Vult=140 MPH, EXPOSURE B**

(FOR USE WITH A RISK CATEGORY II STRUCTURE\*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT <sup>2</sup>	24" MAX	12" MIN	H ≤ 15 FT 60 FT < H ≤ 120 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	AT GRADE	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	60" MAX	48" MIN	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
12 FT <sup>2</sup>			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
16 FT <sup>2</sup>	60" MAX	48" MIN	N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 100 FT	H ≤ 200 FT
20 FT <sup>2</sup>			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 180 FT	H ≤ 200 FT
25 FT <sup>2</sup>	60" MAX	48" MIN	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
30 FT <sup>2</sup>			N/A	H ≤ 15 FT 60 FT < H ≤ 160 FT	AT GRADE	H ≤ 200 FT
36 FT <sup>2</sup>	60" MAX	48" MIN	N/A	AT GRADE 60 FT < H ≤ 80 FT	AT GRADE	H ≤ 200 FT

**TABLE 6 : Vult=140 MPH, EXPOSURE C**

(FOR USE WITH A RISK CATEGORY II STRUCTURE\*)

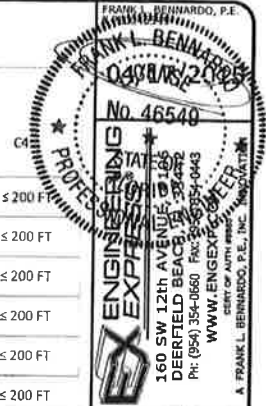
MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT <sup>2</sup>	24" MAX	12" MIN	AT GRADE	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			AT GRADE 60 FT < H ≤ 180 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	60" MAX	48" MIN	AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
12 FT <sup>2</sup>			N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 140 FT	H ≤ 200 FT
16 FT <sup>2</sup>	60" MAX	48" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
20 FT <sup>2</sup>			N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
25 FT <sup>2</sup>	60" MAX	48" MIN	N/A	AT GRADE 60 FT < H ≤ 140 FT	AT GRADE	H ≤ 200 FT
30 FT <sup>2</sup>			N/A	AT GRADE	N/A	H ≤ 200 FT
36 FT <sup>2</sup>	60" MAX	48" MIN	N/A	AT GRADE	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT

**TABLE 7 : Vult=140 MPH, EXPOSURE D**

(FOR USE WITH A RISK CATEGORY II STRUCTURE\*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT <sup>2</sup>	24" MAX	12" MIN	N/A	H ≤ 200 FT	H ≤ 30 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 140 FT	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			AT GRADE 60 FT < H ≤ 100 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	60" MAX	48" MIN	N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
12 FT <sup>2</sup>			N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
16 FT <sup>2</sup>	60" MAX	48" MIN	N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
20 FT <sup>2</sup>			N/A	AT GRADE 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
25 FT <sup>2</sup>	60" MAX	48" MIN	N/A	AT GRADE 60 FT < H ≤ 80 FT	N/A	H ≤ 200 FT
30 FT <sup>2</sup>			N/A	N/A	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
36 FT <sup>2</sup>	60" MAX	48" MIN	N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 200 FT

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REVISIONS	DATE	BY	CHKD	DATE
1	12-11-11	FLB	FLB	12-11-11
2	02-05-13	CSL	TSB	02-05-13
3	04-05-15	IRWIN	CSL	04-05-15

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STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CAC056778

ISSUED 06/22/2014

CERTIFIED AIR COND CONTR  
HERD, CLIFFORD ARTHUR  
BFS

IS CERTIFIED under the provisions of Ch. 489 FS.

Expiration date: AUG 31, 2016

L1406220000869



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/10/2016

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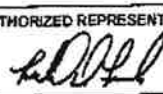
<b>PRODUCER</b> Collinsworth, Alter, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (305) 822-7800 <b>FAX (A/C, No):</b> (305) 362-2443 <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Gemini Insurance Company INSURER B: Liberty Insurance Corp. INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b>  Herd Enterprises, Inc. dba Broward Factory Service 3500 N 28th Terrace Hollywood, FL 33020	<b>NAIC #</b> 10833 42404

**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 (NSD) 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 <input checked="" type="checkbox"/> \$10,000. BI & PD DED  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		VGGP001898	02/01/2016	02/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS  SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		AS7Z91453752016	02/01/2016	02/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED      RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Avenue 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> 
---	--

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/10/2016

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**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> Risk Management Underwriters, Inc. 1420 Kensington Road Suite 114 Oak Brook IL 60523	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): 630-928-4700      FAX (A/C, No): E-MAIL ADDRESS: RMUSolutions@RMUSolutions.com														
<b>INSURED</b> 1227 Cohesive Networks, Inc Alt. Empl: Herd Enterprises, Inc dba Broward Factory Service 4224 West Henderson Blvd Tampa FL 33629	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Technology Insurance Co</td> <td style="text-align: center;">42376</td> </tr> <tr> <td>INSURER B: Wesco Insurance Co</td> <td style="text-align: center;">25011</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Technology Insurance Co	42376	INSURER B: Wesco Insurance Co	25011	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES      CERTIFICATE NUMBER: 1052273408      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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A B	<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		N	TWC3538853 WWC3191003	3/1/2016 3/1/2016	3/1/2017 3/1/2017	X    WC STATUTORY LIMITS    OTH-ER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Location Coverage Period: 3/1/2016 - 3/1/2017

Coverage is provided for only those employees leased to but not subcontractors of:  
 Herd Enterprises, Inc. dba Broward Factory Service/BFS-3500 N 28th Terrace, Hollywood, FL 33020 -Client ID 08050

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Avenue 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.  AUTHORIZED REPRESENTATIVE 
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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 local authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

		<b>2015</b>		<b>EXPIRES</b>	<b>9/30/2016</b>		<b>1804-0962432</b>	
1804	CERT CLASS A A/C CON	\$30.00	6	EMPLOYEE	5000	BUSINESS OFFICE	\$30.00	6
3100	APPLIANCE REPAIR	\$30.00	6	EMPLOYEE				

TOTAL TAX \$90.00  
 PREVIOUSLY PAID \$90.00  
 TOTAL DUE \$0.00

FERGUSON STEPHEN R QUALIFIER

BROWARD FACTORY SERVICE  
 3337 BARTLETT BLVD  
 ORLANDO FL 32811-6428

5382 HOFFNER AV  
 U - ORLANDO, 32812

PAID: \$90.00 0099-00679348 7/21/2015

**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 local authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

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This receipt is official when validated by the Tax Collector.



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- [Property Record Card](#)
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**4230 Cranmore Ct** < 20-23-30-1661-00-710 >

Name(s)	Physical Street Address
Gray Allan	4230 Cranmore Ct
Gray Margaret Frances Rose	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32812
4230 Cranmore Ct	Property Use
Belle Isle, FL 32812-3627	0103 - Single Fam Class III
Incorrect Mailing Address?	Municipality
	Belle Isle



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

**Property Description**

[View Plat](#)

CONWAY GROVES UNIT 2 40/4 LOT 71 (LESS SOUTH 5 FT FOR ROAD) SEE 5925/0805

**Total Land Area** 11,472 sqft (+/-) | 0.26 acres (+/-) GIS Calculated Notice

**Land (includes working values)**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$50,000.00	\$50,000	\$0.00	\$50,000

Page 1 of 1 (1 total records)

**Buildings (includes working values)**

Important Information		Structure				
	<b>Model Code:</b>	01 - Single Fam Residence	<b>Actual Year Built:</b>	1999	<b>Gross Area:</b>	3143 sqft
	<b>Type Code:</b>	0103 - Single Fam Class III	<b>Beds:</b>	3	<b>Living Area:</b>	2383 sqft
	<b>Building Value:</b>	\$206,393	<b>Baths:</b>	3.5	<b>Exterior Wall:</b>	Concrete Block Stucco
	<b>Estimated New Cost:</b>	\$232,424	<b>Floors:</b>	1	<b>Interior Wall:</b>	Drywall

Page 1 of 1 (1 total records)

**Extra Features (includes working values)**

Description	Date Built	Units	XFOB Value
SCR2 - Scrn Enc 2	01/01/1999	1 Unit(s)	\$5,000
PL2 - Above Average Pool	01/01/1999	1 Unit(s)	\$17,000

Page 1 of 1 (2 total records)

This Data Printed on 08/10/2016 and System Data Last Refreshed on 08/09/2016