



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.

<p>Scope of Work: MECHANICAL: one 3-ton change out</p> <p>Comments: NONE</p> <p>Project Information Address: 5275 Jade Circle., Belle Isle, FL 32812 Parcel ID: 20-23-30-4395-00-730 Property Owner: Clifton, Kristina Phone Number: 407 538 5289 ***** Company Name: Rainaldi Plumbing Inc. Contractor Name: Rainaldi, Christopher License Number: CFC1426432 Address: 6111 Old Cheney Hwy, Orlando, FL 32807 Phone Number: 407-282-2900</p>	<p style="text-align: right;">Permit Number: 2016-08-039</p> <p style="text-align: right;">Date of Application: 08/29/2016 Date Permit Issued: 08/29/2016</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$82.50 Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$86.50</p> <p>Date Paid 8-29-16</p> <p>CC or Check # VISA 0233</p> <p>Amount Paid 86.00</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;">BUILDING INSPECTOR USE ONLY</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>€ BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>€ ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>€ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>€</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p>€ GAS ___ Natural ___ LP € MECHANICAL € ELECTRICAL € LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to 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 password = universal13



City of Belle Isle

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

RECEIVED
AUG 29 2016

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: 8/26/16 PERMIT NUMBER 2016-08-039

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

Project Address 5275 Jade Circle Belle Isle FL 32809 32812
Property Owner Kristina Clifton Phone 407-538-5289
Property Owner's Mailing Address 5275 Jade Circle City Belle - Isle
State Florida Zip Code 32812 Parcel Id Number: 20-23-30-4395-00-730

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 certified Tie Down Engineering documentation (can be found at www.floridabuilding.org)
- 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 3 Total Tons _____
Type of System: Water to Air _____ Chiller Split System _____ Package _____ Heat Pump _____ Estimated Cost \$ 6,336.00

Heating: # of Units KWS Per Unit _____ Total KWS 5 BTU's _____
Oil _____ Electric Boiler _____ Gas _____ Estimated Cost \$ _____

(A) Estimated Cost Fee \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation:
(Number of) Grease _____ Heat _____ Hoods, Air Intakes _____ Exhaust Fans _____ Dryer Vents _____ Estimated Cost \$ _____

Refrigeration: Number of units _____ Estimated Cost \$ _____

Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) _____ Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes No _____ (B) Estimated Cost Fee \$ _____

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CAC1817022

LICENSE HOLDER NAME Christopher Rainaldi COMPANY NAME Rainaldi Plumbing

Street Address 1611 Old Cheney Highway

City Orlando State FL Zip Code 32807 Phone Number 407-282-2900

Email Address welinda@rainaldihome.com

Building Official: <u>[Signature]</u> Date <u>8-29-16</u>	Permit Fee	\$ <u>55.-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u> Date <u>8-29-16</u>	Review Fee	\$ <u>27.50</u>
	3% Florida Surcharge	\$ <u>4.-</u>
	Total Permit Fee	\$ <u>86.50</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 _____

3x6 37 18
55.2
27.50
82.50

The Metal Shop AC Condenser Clip

THE METAL SHOP

2541W. Dunnellon Road
Dunnellon, FL 34433

www.metalshop.org
Phone: 888-441-2492 Fax: 352-522-0007

Notes

- 1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2004 FLORIDA BUILDING CODE, 2010 IBC TYPICAL BUILDING VOLUME AND ASCE 7-10 2002 MINIMUM DESIGN LOADS ON BUILDINGS AND OTHER STRUCTURES.
- 2. IF IN THE CONTRACTOR'S OPINION, ANY WORK THAT IS INDICATED IN THE DRAWINGS OR SPECIFIED IN SUCH A MANNER WILL MAKE IT IMPOSSIBLE TO PROVIDE A FIRST CLASS PIECE OF WORK, OR SHOULD DISCREPANCIES APPEAR IN DIMENSIONS OR DETAILS THEY SHALL BE SUBMITTED TO OWNER BEFORE PROCEEDING WITH WORK.
- 3. ANY CHANGE FROM THE DRAWINGS AND / OR HEAD CHANGE CONDITIONS MUST BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE STRUCTURAL ENGINEER SO THAT NECESSARY CHANGES CAN BE MADE AND NOTICE OF THE DESIGN IS DARNED OUT TO ITS FULLEST EXTENT.
- 4. ALL ANCHOR/CONNECTION BOLTS SHALL BE IN ACCORDANCE WITH ASTM A-307 OR A-250 F.
- 5. MINIMUM DESIGN LOADS - DEAD LOADS AND LIVE LOADS IN ACCORDANCE WITH THE 2004 FLORIDA BUILDING CODE, CHAPTER 16.
- 6. USE MANUFACTURE INSTALLATION FOR AC CONDENSER UNIT.
- 7. DESIGN AND ENGINEERING IS FOR THE METAL SHOP ANCHOR CLIP ONLY. SEE MANUFACTURE INSTALLATIONS AND CERTIFICATIONS FOR PROPER INSTALLATION OF AC UNIT.

METAL SHOP # 771 - 4" ANCHOR CLIP
 METAL SHOP # 773 - 6" ANCHOR CLIP
 METAL SHOP # 883 - 8" ANCHOR CLIP

Anchor Clip Notes:

1. The anchor clip shall be 16 gauge, G-90 Hot Dipped galvanized steel, rated for coastal applications.
2. The anchor clips shall be installed with #14 self tapping sheet metal screws.
3. Anchor clip in intended for ground mounted installations only.
4. Anchor clip to be installed on 2000 psi minimum strength concrete pad of concrete slabs ONLY. Other pads or installation configurations must be custom designed.
5. Minimum 4 clips required per ac condenser unit. Clip anchors shall be equally space around base of condenser unit. A minimum of 2-#14x 3/4" self drilling screws per anchor clip. Self tapping screws to have neoprene washers. Anchor clip shall be anchored to the concrete pad with 1/4" tapcons 1 3/4" min. embedment.
6. Attach Tapcon anchor into concrete base per Tapcon installation instructions. Do not over tighten anchor.
7. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.
8. 196 MPH Ultimate wind speed rating is based on 3-second gust on a condenser unit 10.2 sq-ft surface area facing the wind. calculations are based on ASCE 7 and chapter 16 of 2014 FBC for exposure C, risk category II, unit nweight 500 lbs.
9. 167 MPH Ultimate wind speed for 10.2 sf-ft of surface area facing the wind for exposure D, risk category III and IV for a unit weight of 500 lbs.



DATE: JANUARY 23, 2016

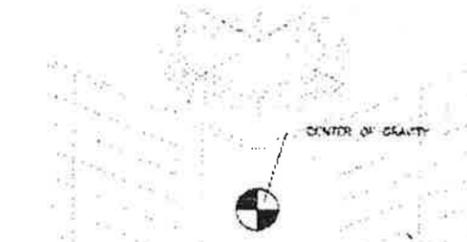
Joseph D. Hiller P.E.
 Florida P.E. License # 74583
 6827 Southport Drive
 Post Office, FL 32127
 Phone: 352-245-1890
 Fax: 352-265-4603

AC Condenser Anchor Clip
THE METAL SHOP
 2541W. Dunnellon Road
 Dunnellon, FL 34433
 Phone: 888-441-2492 Fax: 352-522-0007

A-1

CENTER OF GRAVITY OF UNIT IS ASSUMED TO AT THE GEOMETRIC CENTER OF THE MECHANICAL UNIT. ANCHORING IS FOR REGULAR SHAPED UNITS I.E. SQUARE OR RECTANGULAR, NO IRREGULAR SHAPED UNITS.

CONCRETE BASE OR HOST STRUCTURE TO BE DESIGNED BY OTHERS. CONCRETE MUST BE 2000 PSI MINIMUM. SEE SITE SPECIFIC ENGINEERING FOR ROOF TOP APPLICATIONS OR WOOD SUPPORT MEMBERS



minimum unit weight: 130lbs
condensor unit

EXTERIOR EQUIPMENT TIE DOWN

STANDARD ANCHOR SCHEDULE

SUBSTRATE	ANCHOR
CONCRETE: (1" THICK MIN. 3192KG MIN.)	(1)-1/4" x 3/4" DIA. BUILT UP OR G30 TAPCON, 1 3/4" FULL EMBED TO CONCRETE, 2-1/2" MIN. EDGE DISTANCE, 3" MIN. SPACING TO ANY ADJACENT ANCHOR

MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO CONCRETE PAD)
(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	TOTAL OF 4 CLIPS	
			1/4" TAPCON TO CONCRETE BASE	1/4" CLIP AT EACH CORNER
6 FT ²	24" MAX	12" MIN	45 LBS	45 LBS
9 FT ²	32" MAX	18" MIN	50 LBS	50 LBS
12 FT ²	48" MAX	24" MIN	60 LBS	60 LBS
15 FT ²	60" MAX	48" MIN	75 LBS	75 LBS

- TIE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (2)-#14x3/4" QTS GRADE 5 SHEET METAL SCREWS.
- MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
 - ALUMINUM FRAME OR EXTERIOR HOUSING SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH F_y=30 KSI, 0.0025" MIN. THICKNESS.
 - STEEL HOUSING UNITS SHALL BE 30KSI MIN. STEEL GRADE 33, 22GA MIN. (1=0.0299").
- MAXIMUM ALLOWABLE WIND PRESSURES MAY BE EQUIVALENT DUE TO THE LIMITING CAPACITY OF THE 1" CLIP.
- A MAXIMUM ALLOWABLE VALUE OF 200 PSF HAS BEEN UTILIZED; FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

GENERAL NOTES:

- THIS PRODUCT HAS BEEN DESIGNED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2010 FLORIDA BUILDING CODE, THE EDITIONS FOR USE WITH THIS CODE. THIS PRODUCT MAY BE USED WITHIN AND OUTSIDE THE HIGH WINDS/HURRICANE ZONE.
- NO OTHER INCREASE IN ALLOWABLE STRESS HAS BEEN USED IN THE DESIGN OF THE ANCHOR SYSTEM.
- ALLOWABLE DESIGN SHOWN ON TABLES IS BASED ON ALLOWABLE SHEAR AND TENSION LOADS OF MECHANICAL FASTENERS.
- MAXIMUM TENSION DIMENSIONS AND WEIGHT UNITS SHALL CONFORM TO SPECIFICATIONS STATED ON THESE ENGINEERING SHEETS.
- ALL DIMENSIONS, SPECIFICATIONS, CLEARANCES, TOLERANCES, ETC. SHALL BE AS PER THE MANUFACTURER'S RECOMMENDATIONS AND ARE THE EXPRESS RESPONSIBILITY OF THE CONTRACTOR.
- FASTENERS TO BE 1/4" DIA. SHEET METAL SCREWS UNLESS NOTED OTHERWISE.
- TAPCONS SHALL BE 1/4" DIA. OF G30 BRAND, AND SHALL BE 1/4" x 3/4" NOTATED TO 2000 PSI MINIMUM COMPRESSIVE STRENGTH. SEE ANCHOR SCHEDULE FOR HIGHER REQUIREMENTS.
- ALL STEEL CLIPS SHALL BE ASTM A307 STEEL WITH F_y = 30 KSI. ALL STEEL PARTS SHALL BE PROTECTED AGAINST CORROSION WITH GHD-RATED GALVANIZED COATING, SUITABLE FOR ALL CORROSION INSTALLATIONS.
- INSTALL AN ELECTRICAL GROUND WHEN REQUIRED. ALL ELECTRICAL CONNECTIONS INCLUDING GROUNDS TO BE DESIGNED & NOTIFIED BY OTHERS.
- THE LOCATION OF ANY EXISTING STRUCTURE TO WITHSTAND SUPERIMPOSED LOADS SHALL BE VERIFIED AND IS NOT INCLUDED IN THE CERTIFICATION EXCEPT AS EXPRESSLY PROVIDED HEREIN. NO ADDITIONAL CERTIFICATIONS OR APPROVALS ARE REQUIRED.
- IF THE SYSTEM DETAILED HEREIN IS A GENERIC UNIT INSTALLATION, THE INSTALLATION DOES NOT PROVIDE INFORMATION FOR A SITE SPECIFIC INSTALLATION. FOR SITE CONDITIONS DIFFERENT FROM THE CONDITIONS DETAILED HEREIN, THE LICENSED ENGINEER OR REGISTERED ARCHITECT SHALL REVIEW THE SPECIFIC DOCUMENTS FOR USE IN CONJUNCTION WITH THIS DOCUMENT.

RECOMMENDED FASTENERS

1/4" x 3/4" TAPCON

MAXIMUM ALLOWABLE SHEAR LOAD FOR 1/4" DIA CONCRETE FASTENERS IN 2000 PSI MINIMUM STRENGTH CONCRETE IS: 325 LBS. PULL OUT (TENSION LOAD) STRENGTH OF TAPCON IS 505 LBS WITH 1 3/4" MIN. EMBEDMENT:

SINGLE SHEAR: 325 LBS
TENSION: 505 LBS



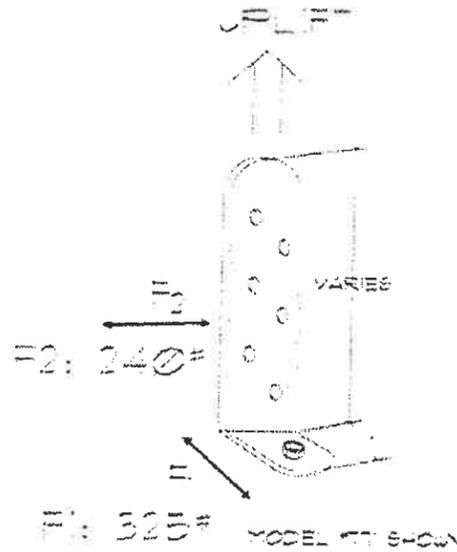
DATE: January 14, 2017

Joseph D. Hiller P.E.
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P.O. Box 29335
Fort Geneva, FL 32129
Phone: 386.248.1300
Email: jhiller@hillerengineering.com

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2 4





USE MIN. OF 2- #4x3/4" SCREWS FOR 4" CLIP
 USE MIN. OF 2- #4x3/4" SCREWS FOR 6" CLIP
 USE MIN. OF 2- #4x3/4" SCREWS FOR 8" CLIP
 USE 1/4" x 1 3/4" TAPCON TO CONCRETE PAD

METAL SHOP # 771 - 4" ANCHOR CLIP
 METAL SHOP # 773 - 6" ANCHOR CLIP
 METAL SHOP # 883 - 8" ANCHOR CLIP

MAX UPLIFT: 505#
 WITH 2- #4x3/4" SCREWS PER CLIP

A/C ANCHOR CLIP

SHEET METAL SCREWS



#4x3/4" w/ Neoprene washer

METAL FASTENERS

Tapcon



1/2" x 1 3/4" INTO CONCRETE PAD

RECOMMENDED FASTENERS

1/4" x 1 3/4" TAPCON

MAXIMUM ALLOWABLE SHEAR LOAD FOR 1/4" DIA CONCRETE FASTENERS IN 2000 PSI MINIMUM STRENGTH CONCRETE IS: 325 LBS. FULL OUT (TENSION LOAD) STRENGTH OF TAPCON IS 505 LBS WITH 1 3/4" MIN. EMBEDMENT:

SINGLE SHEAR: 325 LBS
 TENSION: 505 LBS

LOAD CAPACITIES FOR TAPCONS

Embedment Depth	Concrete Strength (psi)	Single Shear		Tension	
		1/4" Dia	3/8" Dia	1/4" Dia	3/8" Dia
1 1/2"	2000	325	325	505	505
	2500	325	325	505	505
	3000	325	325	505	505
2"	2000	325	325	505	505
	2500	325	325	505	505
	3000	325	325	505	505
2 1/2"	2000	325	325	505	505
	2500	325	325	505	505
	3000	325	325	505	505

NOTE: The above table shows the ultimate load capacities for TAPCONS which should be reduced by a minimum safety factor of 4 or greater to determine the allowable working load. Refer to the manufacturer's product selection tables for details. The consistency of soils, rocks and any other material. The load capacities listed above for hollow rock and brick should be used as advisory only. Job site tests should be conducted to determine the actual load capacities these materials.

Notes:

1. Alternative fasteners may be used as shown in the details. All fasteners must meet or exceed the safe working load values specified by the manufacturer, and shall be approved by the building official.



DATE: January 25, 2016

Joseph D. Hiller P.E.
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 P.O. Box 25555
 Fort Collins, FL 32179
 Phone: 352-248-1700
 Email: hillerd@engineering.com

AC Condenser Anchor Clip
THE METAL SHOP
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 Dumlalion, FL 34433
 www.metshop.com
 Phone: 888-441-2496 Fax: 352-322-6007

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC
6111 OLD CHENEY HWY
ORLANDO FL 32807

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range 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

CAC1817022 ISSUED: 07/19/2016

CERTIFIED AIR COND CONTR
RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2018 L160719000839

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CAC1817022	

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



RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC
6111 OLD CHENEY HIGHWAY
ORLANDO FL 32807



ISSUED: 07/19/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L160719000839



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2015

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 Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046		CONTACT NAME: Amanda Bonventre PHONE (A/C, No, Ext): (407) 886-3301 FAX (A/C, No): (407) 886-9530 E-MAIL ADDRESS: Amanda@gentryins.com															
INSURED A. Rainaldi Plumbing Inc. dba Rainaldi Plumbing P O Box 574557 Orlando FL 32857-4557		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Indian Harbor</td> <td></td> </tr> <tr> <td>INSURER B: Florida Maple Ins Co of FL</td> <td></td> </tr> <tr> <td>INSURER C: Bridgefield Employers Ins. Co.</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: Indian Harbor		INSURER B: Florida Maple Ins Co of FL		INSURER C: Bridgefield Employers Ins. Co.		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: 2015 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ESG3000963	9/30/2015	9/30/2016	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 - COMPOP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			4150150011356	3/21/2015	3/21/2016	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 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0830-49118	9/30/2015	9/30/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

(407) 240-2222 4072402222@fax.tc

City of Belle Isle
 1600 Nela Ave.
 Belle Isle, FL 32809

CANCELLATION

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

D Liebknrecht/AMANDA

Debra Liebknrecht

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ACORD 25 (2014/01)
INS025 (2014/01)

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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.

		2015		EXPIRES	9/30/2016		1803-0962395	
1803	CONTR-PLUMBING	\$30.00	10	EMPLOYEE	5000	BUSINESS OFFICE	\$30.00	10
1804	AIR CONDITIONING CON	\$30.00	1	EMPLOYEE				

TOTAL TAX \$90.00
 REGULATED WASTE \$50.00
 PREVIOUSLY PAID \$140.00
 TOTAL DUE \$0.00

RAINALDI CHRISTOPHER PAUL

A RAINALDI PLUMBING INC
 RAINALDI CHRISTOPHER PAUL
 6111 OLD CHENEY HWY
 ORLANDO FL 32807-3642

6111 OLD CHENEY HY
 U - ORLANDO, 32807

PAID: \$140.00 0099-00701565 9/22/2015

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This receipt is official when validated by the Tax Collector.