



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 2.5-ton change out</p> <p>Comments: None</p> <p>Project Information Address: 6501 Matchett Rd, Belle Isle, FL 32809 Parcel ID: 24-23-29-0600-04-060 Property Owner: Springer, Joseph & Sandra Phone Number: 407 607 1308 ***** Company Name: ARS of Orlando Contractor Name: Brown, Dennis License Number: CMC1249406 Address: 3012 Mercy Drive, Orlando, FL 32808 Phone Number: 407 299 0068</p>	<p style="text-align: right;">Permit Number: 2016-08-005</p> <p style="text-align: right;">Date of Application: 08/01/2016 Date Permit Issued: 08/02/2016</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 \$72.50 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 \$76.50</p> <p>Date Paid <u>8-3-16</u> CC or Check # <u>MC 8776</u> Amount Paid <u>76.50</u></p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p style="text-align: center;">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><input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS __ Natural __ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BD scheduling@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 01 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: 7/29/16 PERMIT NUMBER 2016-08-005
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 6501 Matchett Rd, Belle Isle FL 32809 32812
Property Owner Joseph Springer & Sandra Phone 407-607-1308
Property Owner's Mailing Address 6501 Matchett Rd City Belle Isle FL 32809
State FL Zip Code 32809 Parcel Id Number: 24-23-29-0600-04-060

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

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

- REQUIRED: Tie Down Engineering
- REQUIRED: If adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations
- REQUIRED: If replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

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

Air Conditioning: # of Units 1 Tons Per Unit 2.5 Total Tons 2.5
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____
Heating: # of Units KWS Per Unit 1 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler Gas
(A) Estimated Cost Fee \$ 5000

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 Dennis Brown LICENSE # CMC1249406
LICENSE HOLDER NAME Dennis Brown COMPANY NAME ARS Orlando
Street Address 3012 Mercy Dr.
City Orlando State FL Zip Code 32808 Phone Number 4072990068
Email Address KKagiwada@ars.com

Building Official: _____	Date _____
Verified Contractor's Licenses & Insurance are on file _____	Date _____

Permit Fee	\$ <u>35.00</u>
Review Fee	\$ <u>27.50</u>
3% Florida Surcharge	\$ <u>4.00</u>
Total Permit Fee	\$ <u>76.50</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
16
55.2
27.50
82.70

0915

Susan Manchester

From: Art Barthlow
Sent: Tuesday, August 02, 2016 3:48 PM
To: Susan Manchester
Subject: RE: 6501 Matchett Rd - mechanical permit 2016-08-005 attached for review - WO 70513

Susan,
The Tie-Down system is fine for 6501 Matchett Rd. The permit can be issue at your convenience.

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
Universal Engineering Sciences, Inc. | 5561 Florida Mining Boulevard South, Jacksonville, FL 32256 |
www.universalengineering.com

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

From: Susan Manchester
Sent: Tuesday, August 02, 2016 10:54 AM
To: Art Barthlow
Cc: CobiPermits
Subject: 6501 Matchett Rd - mechanical permit 2016-08-005 attached for review - WO 70513

Hi Art,

Attached is a WO, mechanical app and the required tie-down engineering. The phase is 0915 and the task is 01.

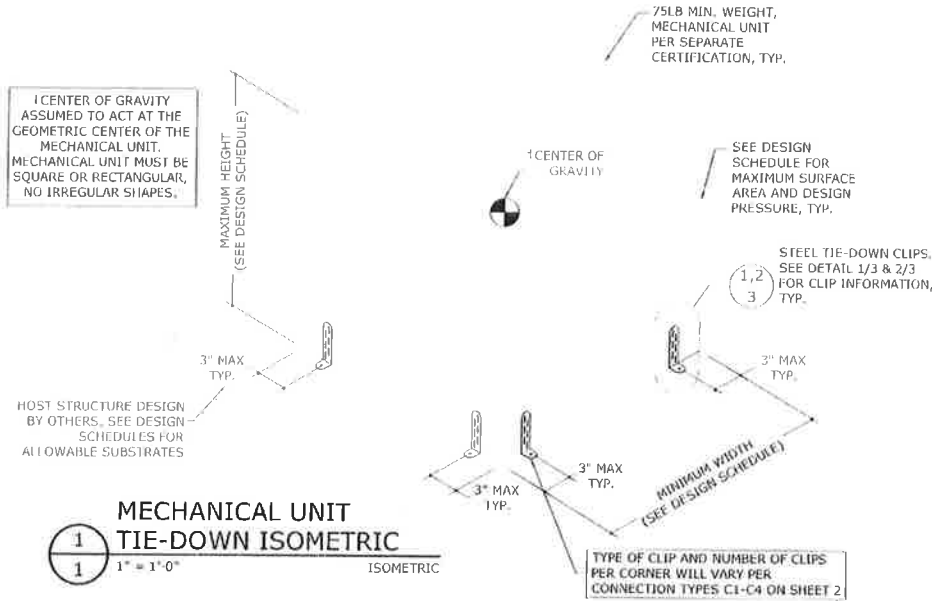
Thanks so much for your help. Once approved if you would sign the app and send it back "reply all" I'd be much obliged. I can stamp anything that needs to be stamped.

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

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 ZONE 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)_{DESIGN} = 3.10 WITHIN THE HVHZ, (GC)_{DESIGN} = 1.90 OUTSIDE THE HVHZ. (GC)_{DESIGN} = 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 01920387A, #TEL 01920387B 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 1/2" OR GREATER S&W 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 Fy=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 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-
- Vult-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 Vult=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 ²
4. CHECK MAXIMUM UNIT HEIGHT RESTRICTION	THIS UNIT HEIGHT OF 48" IS EQUAL TO THE MAXIMUM ALLOWABLE HEIGHT OF 48". 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
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 60FT AND LESS THAN 100 FT. SEE (*) ON TABLE 5 FOR THE NUMERICAL VALUES OF THIS DESIGN EXAMPLE

FRANK L. BERNARDO, P.E.
FRANK L. BERNARDO
 LICENSED PROFESSIONAL ENGINEER
 LICENSE NO. 16549
 EXP. 12/31/2025
 ENGINEERING BY EXPRESS
 160 SW 12th Ave, Suite 106
 Deerfield Beach, FL 33442
 Ph: (954) 354-0680 Fax: (954) 354-0643
 WWW.ENGINEERINGBYEXPRESS.COM
 CERT. OF AUTH. #14239-1
 A. FRANK L. BERNARDO, P.E., INC.

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

REVISIONS	DATE	DATE
1	12-11-11	
2	02-15-13	
3	04-04-15	

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15-2378
 SCALE: NTS
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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	60" MAX	48" MIN	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	60" MAX	48" MIN	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	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	60" MAX	48" MIN	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	60" MAX	48" MIN	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	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	AT GRADE 60 FT < H ≤ 200 FT	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 ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT	
9 FT²	60" MAX	48" MIN	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	60" MAX	48" MIN	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	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	60" MAX	48" MIN	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	60" MAX	48" MIN	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	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.



BMP INTERNATIONAL, INC.
4710 28TH STREET NORTH
ST. PETERSBURG, FL 33741
PH: (727) 577-1613

REVISION	DATE	BY	CHKD
1	12-15-13	CSB	CSB
2	04-06-15	CSB	CSB

15-2378
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Home Improvement Agreement: HVAC Installation

The Installation Professional named below will furnish, install and service the equipment listed below at the price, terms and conditions as outlined on this form.

Service Provider Information:

Installation Professional: A.R.S
 Address: 2012 Mercy Dr License #/Exp. Date: _____ Proposal Date: 6-20-16
 City, State, Zip: Orlando, FL, 32808 Phone #: (407) 299-0068

Home Depot Information:

Lead #: _____ Store #: _____ THD Installer #: _____

Customer Information:

Name: Joseph Springer Service Address: 6501 Matchett rd
 Phone # (Home): (407) 607-1308 Evening: _____ City, State, Zip: Belle Isle, FL, 32809
 Email: jspringr@hotmail.com

Equipment and System Design Information:

Heating Load Calculation		Cooling Load Calculation		Sensible		Latent		Standard Warranty	
Condenser/Heat Pump	Manufacturer	<u>Lennox</u>	Model #	<u>Lennox 14 SEER 25TON HP</u>				<u>10 Yr</u>	
Air Handler/Furnace	Manufacturer	<u>Lennox</u>	Model #	<u>14 SEER 25TON HP</u>				<u>1 Yr</u>	<u>Lab</u>
Strip Heat/Coil	Manufacturer		Model #					<u>1 Yr</u>	<u>AS</u>
Thermostat	Manufacturer	<u>EZ-Read</u>	Model #						
Other	Manufacturer		Model #						
Other	Manufacturer		Model #						

Home Depot	Provider	Length	Type	Equipment Covered	
<input checked="" type="checkbox"/> Home Depot	<input checked="" type="checkbox"/> Home Depot	<input type="checkbox"/> 5 Year	<input type="checkbox"/> Parts	<input type="checkbox"/> Complete System/Pkg Unit	<input type="checkbox"/> Accessory
<input checked="" type="checkbox"/> Extended Service Agreement Only	<input type="checkbox"/> No Deductible	<input type="checkbox"/> 10 Year	<input type="checkbox"/> Labor	<input type="checkbox"/> Condensing Unit	<input type="checkbox"/> Boiler
	<input type="checkbox"/> Deductible	<input type="checkbox"/> 12 Year	<input type="checkbox"/> Parts & Labor	<input type="checkbox"/> Furnace/Air Handler	<input type="checkbox"/> Other
		<input type="checkbox"/> Other			

SCOPE OF WORK: Complete each box with YES, NO, or N/A (Not Applicable)

OUTDOOR UNIT		REFRIGERANT AND REFRIGERANT LINES	
New outdoor unit pad?	<u>Yes</u>	Install and connect new refrigerant lines	<u>Yes</u>
Use existing outdoor unit pad?	<u>No</u>	Reconnect existing refrigerant lines	<u>Yes</u>
DUCT SYSTEM		COMFORT CONTROLS	
Ductwork is properly sized @ 400cfm per ton	<u>Yes</u>	Reconnect existing thermostat	<u>No</u>
Reconnect existing ductwork to new equipment	<u>Yes</u>	Install new thermostat	<u>Yes</u>
Ductwork modifications are needed (see notes)	<u>No</u>	OLD EQUIPMENT	
INDOOR UNIT (air handler or furnace)		Remove old equipment from jobsite	<u>Yes</u>
Reconnect to existing condensate pump/line/drain/overflow pan (circle all that apply)	<u>Yes</u>	Remove old ductwork from jobsite	<u>Yes</u>
New condensate pump/line/drain/overflow pan (circle all that apply)		ELECTRICAL	
Reconnect to existing flue piping		Reconnect existing electrical at indoor unit	<u>Yes</u>
New flue piping venting through (circle one) foundation, roof, wall, or chimney		Reconnect existing electrical to outdoor unit	<u>Yes</u>
Reconnect to existing gas or fuel line		New indoor electrical included in proposal	<u>No</u>
New gas or fuel line - SEE NOTES		New outdoor electrical included in proposal	<u>No</u>
		Electrical upgrade needed - SEE NOTE	<u>Yes</u>
		Circle any existing components of the HVAC system that will be reconnected and used: FURNACE, AIR-CONDITIONER, HEAT PUMP, COIL, AIR HANDLER	<u>Yes</u>

NOTES: 14 SEER 25TON Lennox heat pump
Redeek

NOTICE TO OWNER: DO NOT SIGN THIS CONTRACT IF BLANK. YOU ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME YOU SIGN.

Total Investment \$ _____
 Taxes \$ _____
 Total Amount \$ 5000

Notice of Cancellation form received: JS Initial Termination clause reviewed: JS Initial

Acceptance and Authorization: By signing below, you authorize Home Depot to (a) arrange for Installation Professional to perform installation and/or (b) order and arrange for the delivery of special order merchandise, including special order merchandise that may be custom made, as specified in this Agreement. Do not sign if blank or incomplete. (Installation Professional's/permitting information may need to be provided to you later.) By signing, you acknowledge that you have read, understand, and accept this Agreement in its entirety, including the General Terms and Conditions. You further acknowledge receiving a complete copy. Keep it to protect your legal rights.

Customer's Signature: [Signature] Date: 6/20/16
 Co-Signer (if applicable): _____ Date: _____
 Installation Professional Signature: [Signature] Date: 6/20/16



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**BROWN, DENNIS M
ARS/RESCUE ROOTER
1145 WOODYARD RD
DEFUNIAK SPRINGS FL 32435**

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**

CMC1249406 ISSUED: 08/27/2014

**CERTIFIED MECHANICAL CONTRACTOR
BROWN, DENNIS M
ARS/RESCUE ROOTER**

**IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date AUG 31, 2016 L1408270003894**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CMC1249406	



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

**BROWN, DENNIS M
ARS/RESCUE ROOTER
1145 WOODYARD RD
DEFUNIAK SPRINGS FL 32435**



ISSUED: 08/27/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408270003894



CERTIFICATE OF LIABILITY INSURANCE

10/1/2016

DATE (MM/DD/YYYY)

9/14/2015

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 have ADDITIONAL INSURED provisions or 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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York 10036 646-572-7300	CONTACT NAME: PHONE: (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td>INSURER B Liberty Insurance Corporation</td> <td>42404</td> </tr> <tr> <td>INSURER C Navigators Insurance Company</td> <td>42307</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Liberty Mutual Fire Insurance Company	23035	INSURER B Liberty Insurance Corporation	42404	INSURER C Navigators Insurance Company	42307	INSURER D		INSURER E		INSURER F
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INSURED 1073055 AMERICAN RESIDENTIAL SERVICES OF FLORIDA, INC. D/B/A ARS/Rescue Rooter BRANCH 8281 3012 MERCY DRIVE ORLANDO FL 32808														

COVERAGES AMERE02 **CERTIFICATE NUMBER:** 11010219 **REVISION NUMBER:** XXXXXXXX

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 WVD	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	N	N	TB2631508631-025	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	AS2631-508631-035	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	NY15UMR715088IV	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC7-631-508631-015	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THE GENERAL LIABILITY POLICY'S GENERAL AGGREGATE LIMIT APPLIES PER LOCATION AND IS SUBJECT TO A \$20,000,000 GENERAL AGGREGATE POLICY LIMIT.

CERTIFICATE HOLDER 11010219 CITY OF BELLE ISLE 1600 NELA AVENUE 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 
--	--

ARS



CITY OF ORLANDO

ECONOMIC DEVELOPMENT • PERMITTING

Local Business Tax Receipt
City Hall, 400 South Orange Avenue, First Floor
Post Office Box 4990
Orlando, FL 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

PROMPT! Interactive Voice Response System: 407.246.4444
Visit our website: www.CityofOrlando.net/permits

2015-2016

CITY OF ORLANDO
ECONOMIC DEVELOPMENT
PERMITTING SERVICES
LOCAL BUSINESS TAX RECEIPT
(Formerly known as "Business License," changed per state law HB1269-2006)

NOTICE-THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Issued Date: 10/01/2015
Expiration Date: 09/30/2016
Case Number: BUS-0016593

Business Name: JOSE PERAL AMERICAN RESIDENTIAL SERVICES OF FLORIDA INC
965 RIDGE LAKE BLVD SUITE 201 MEMPHIS TN 38120
Business Owner: AMERICAN RESIDENTIAL SERVICES OF FLORIDA INC
Business Location: 3012 Mercy Dr

Business Type(s): CONTRACTOR DBPR
Administration Fee: 2015 Business Tax
Total Paid:



CITY OF ORLANDO

ARS

ECONOMIC DEVELOPMENT • PERMITTING

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Issued Date: 10/01/2015
Expiration Date: 09/30/2016
Case Number: B128-0016598

Business Name: AMERICAN RESIDENTIAL SERVICES OF FL
963 RIDGE LAKE BLVD
SUITE 201
MEMPHIS, TN 38120
Business Owner: AMERICAN RESIDENTIAL SERVICES OF FLORIDA INC.
Business Location: 3012 Mercy Dr

PROFES 3... ES FIRM/OFFICE
21... es Tax
Total Pay...



CITY OF ORLANDO

ECONOMIC DEVELOPMENT • PERMITTING

ARS

Local Business Tax Receipt
City Hall, 400 South Orange Avenue, First Floor
Post Office Box 4990
Orlando, FL 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

PROMPT Interactive Voice Response System: 407.246.4444
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CITY OF ORLANDO

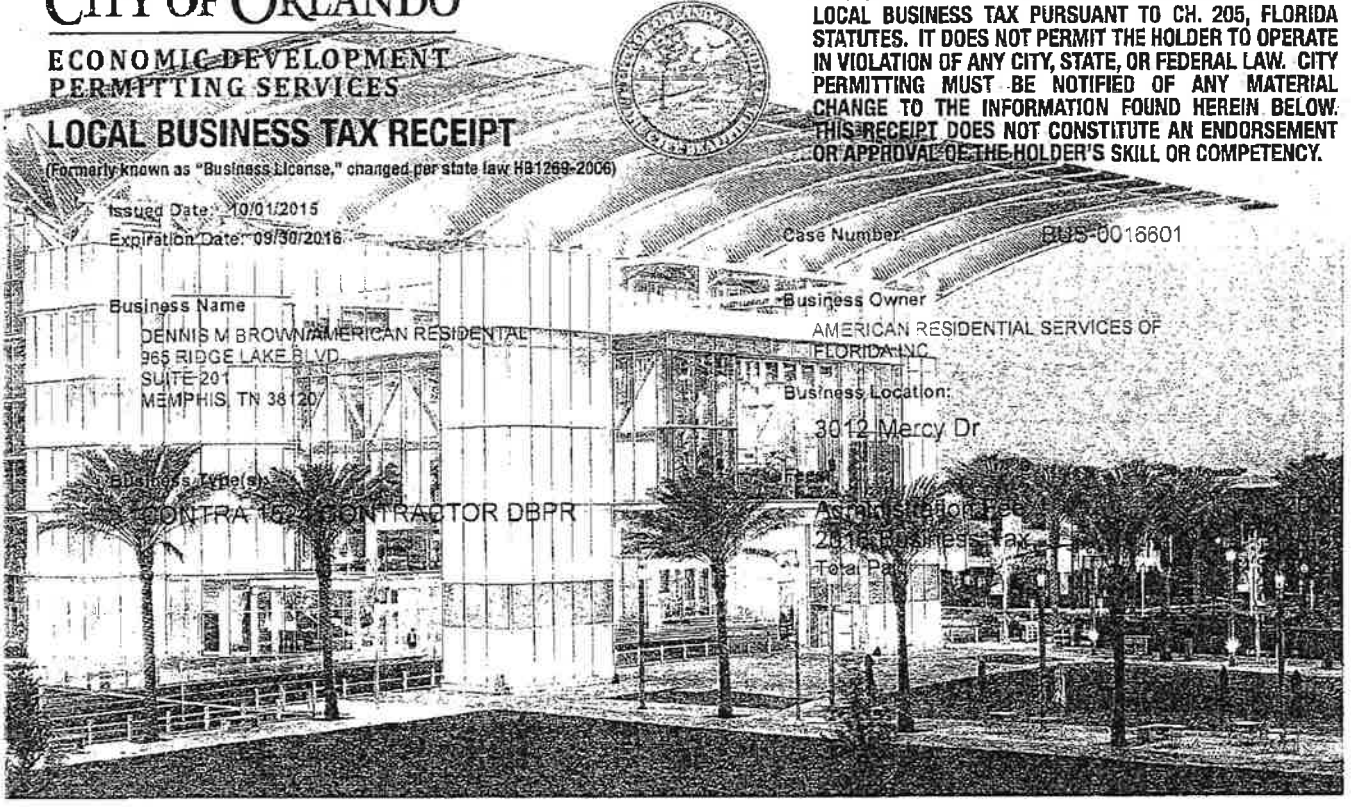
ECONOMIC DEVELOPMENT
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2015-2016

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Issued Date: 10/01/2015
Expiration Date: 09/30/2016

Case Number: BPS-0018601

Business Name
DENNIS M BROWN/AMERICAN RESIDENTIAL
965 RIDGE LAKE BLVD
SUITE 201
MEMPHIS, TN 38120

Business Owner
AMERICAN RESIDENTIAL SERVICES OF
FLORIDA INC

Business Location:
3012 Mercy Dr

Business Type(s)
CONTRACTOR CONTRACTOR DBPR

Administration Fee
25.00 Business Tax
Total Paid