



BUILDING JOB SITE CARD

City of Belle Isle

MECHANICAL PERMIT 2017-08-098

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-098

Site Address: 1504 Nela Ave, 32809

Subdivision:

Description of Work: One 3.5-ton change out no ductwork

Issue Date: 8/16/17

Parcel Number: 25-23-29-5884-12-054

Class: Residential

Issued To: Carpenters Cooling LLC

Name: Carpenter, Kevin

Payment Date & Method: 8-16-17 MC 5012

Business Phone: 407 595 5946

Contractor License #: CAC1818573

Schedule Inspections via Email at: BD scheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Next Business Day

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

| BUILDING | INSPECTOR | DATE | COMMENTS |
|---------------------|-----------|------|----------|
| Demo Final | | | |
| Footing | | | |
| Stem Wall | | | |
| Slab | | | |
| Lintel/Tie Beam | | | |
| Down Pour | | | |
| Tilt Panel | | | |
| Window In-progress | | | |
| Sheathing (wall) | | | |
| Sheathing (roof) | | | |
| Framing | | | |
| Fire Rated Assembly | | | |
| Above-Ceiling | | | |
| Insulation | | | |
| Lathe | | | |
| Pool Steel & Ground | | | |
| Pool Safety | | | |
| Final | | | |

GAS INSPECTOR DATE COMMENTS

| | | | |
|-----------|--|--|--|
| Rough Gas | | | |
| Final Gas | | | |

ELECTRICAL INSPECTOR DATE COMMENTS

| | | | |
|----------------------|--|--|--|
| Temp Pole | | | |
| TUG | | | |
| Underground | | | |
| Rough | | | |
| Footer Steel Bonding | | | |
| Pool Light | | | |
| PrePower | | | |
| Meter ReSet | | | |
| Final | | | |

MECHANICAL INSPECTOR DATE COMMENTS

| | | | |
|---------------|--|--|--|
| Above Ceiling | | | |
| Rough | | | |
| Hood Vent | | | |
| Final | | | |
| | | | |

PLUMBING INSPECTOR DATE COMMENTS

| | | | |
|---------------|--|--|--|
| Sewer | | | |
| Underground | | | |
| Rough | | | |
| Above Ceiling | | | |
| Irrigation | | | |
| Final | | | |
| | | | |

ROOF INSPECTOR DATE COMMENTS

| | | | |
|-------------|--|--|--|
| In-progress | | | |
| Final | | | |
| | | | |

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Morning

Inspection Results Will Be Sent Out the Following Business Day



City of Belle Isle

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

RECEIVED
AUG 16 2017

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: 8/16/2017

PERMIT NUMBER 2017-08-098

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

Project Address 1504 Nela Avenue 1504 Nela Ave Belle Isle FL 32809 32812
Property Owner Douglas Sprole Life Estate Douglas Sprole Life Estate Phone 407-855-3084
Property Owner's Mailing Address 1504 Nela Avenue City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 25-23-29-5884-12-054 25-23-29-5884-12-054

To obtain this information, please visit <http://www.ocpaff.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 01 Tons Per Unit 3.5 Total Tons 3.5 3.5
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 5500.00 5500.00

Heating: # of Units 7 KWS Per Unit 7 k.w. Total KWS 7 BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler Gas

(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) Equipment Change Out Only / No Duct Work Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes No (B) Estimated Cost Fee \$ 5500.00

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

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CAC1818573 CAC1818573

LICENSE HOLDER NAME Kevin W. Carpenter Kevin Carpenter COMPANY NAME Carpenter's Cooling, LLC

Street Address 3506 Raeford Road 3506 Raeford Rd

City Orlando Orlando State FL Zip Code 32806 Phone Number 407-595-5946

Email Address carpenterscooling@gmail.com carpenterscooling@gmail.com

Building Official: [Signature] Date 8-16-17
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-16-17

| | | |
|----------------------|----|-------------------|
| Permit Fee | \$ | <u>61</u> |
| Review Fee | \$ | <u>30.50</u> |
| 3% Florida Surcharge | \$ | <u>4.00 (min)</u> |
| Total Permit Fee | \$ | <u>95.50</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.

base 37
24
61 ÷ 2
30.50
91.50

paid 8.16.17 MC 5012



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

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

(850) 487-1395

CARPENTER, KEVIN W
CARPENTER'S COOLING LLC
4625 LONGWORTH DR
ORLANDO FL 32812

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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

| | |
|-----------------------|--|
| LICENSE NUMBER | |
| CAC1818573 | |

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

CARPENTER, KEVIN W
CARPENTER'S COOLING LLC
4625 LONGWORTH DR
ORLANDO FL 32812



ISSUED: 09/01/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1609010001775

Orange County Tax Collector Scott Randolph
Independently elected to serve only you.

[Pay Online >](#) [Make An Appointment >](#) [Tag Express! >](#)

[ABOUT](#) [LOCATIONS](#) [DRIVER LICENSES](#) [TAG & TITLE](#) [PROPERTY TAX](#) [BUSINESS TAX](#) [CAREERS](#) [OTHER](#) [CONTACT](#)

Important Notice: Effective February 1, 2015: The Orange County Tax Collector's office will begin serving only Orange County residents due to volume and budgetary constraints. Please refer to your county's Tax Collector for locations.



Search Business Taxes

[Search Again](#)

Business Tax Receipt ID: 1165352

Location Address: 4625 LONGWORTH DR **Mailing Address:**
Business: LONGWORTH
New Business Date: 03/30/2016
Application Date: 03/30/2016
Out of Business Date:

CARPENTERS COOLING LLC
4625 LONGWORTH DR
ORLANDO, FL 32812

| 2016 | Account Number: 5000-1165352 | | | | | | | |
|------------------------|------------------------------|-------|----------------|---------------|---------------|----------------|---------------|--|
| Category Type | Display Name | Units | Tax | Exempt | Total Fees | Total Paid | Total Amt Due | |
| 5000 | BUSINESS OFFICE | 1 | \$30.00 | \$0.00 | \$0.00 | \$30.00 | \$0.00 | |
| 1804 | CERT A/C CONTRACTOR | 1 | \$30.00 | \$0.00 | \$0.00 | \$30.00 | \$0.00 | |
| Total For 2016: | | | \$60.00 | \$0.00 | \$0.00 | \$60.00 | \$0.00 | |

This Business Tax Receipt ID has been paid in full



Mailing Address:
ORANGE COUNTY TAX COLLECTOR
P.O. Box 545100
Orlando FL 32854

CONTACT:
Motorist Services: 407-845-6200
Property Tax: 407-836-2700
Business Tax: 407-836-5650
Administrative: 407-836-2705

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[CONTACT US](#)
[PRIVACY](#)

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[Sign In](#)

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

5000 BUSINESS OFFICE 2016 EXPIRES 9/30/2017 5000-1165352
\$30.00 1 EMPLOYEE ; 1804 CERT A/C CONTRACTOR \$30.00 1 EMPLOYEE ;

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

CARPENTER KEVIN W

CARPENTERS COOLING LLC
4625 LONGWORTH DR
ORLANDO FL 32812

4625 LONGWORTH DR (MOBILE)
U - ORLANDO, 32812

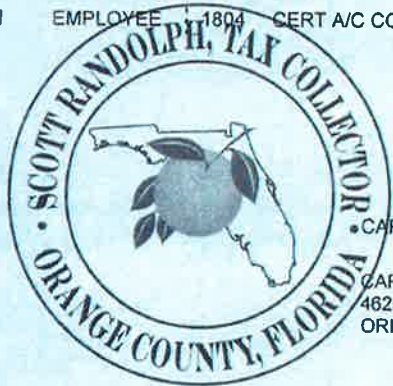
PAID: \$60.00 0098-00755316 9/19/2016

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

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PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00



CARPENTER KEVIN W

CARPENTERS COOLING LLC
4625 LONGWORTH DR
ORLANDO FL 32812

4625 LONGWORTH DR (MOBILE)
U - ORLANDO, 32812

PAID: \$60.00 0098-00755316 9/19/2016

This receipt is official when validated by the Tax Collector.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/06/2017

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 MARVEL QUEVEDO INSURANCE, LLC 5062 SOUTH CONWAY ROAD ORLANDO, FL 32812 | CONTACT NAME: MARVEL QUEVEDO PHONE (A/C, No, Ext): 407-737-7778 FAX (A/C, No): 407-737-7779 E-MAIL ADDRESS: marvel.Q@allstate.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 50%;">INSURER A:</td> <td style="width: 30%;">SCOTTSDALE INSURANCE CO</td> <td style="width: 20%;">41297</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | SCOTTSDALE INSURANCE CO | 41297 | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
|---|---|-------------------------------|--|--------|------------|-------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | SCOTTSDALE INSURANCE CO | 41297 | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |
| INSURED CARPENTER'S COOLING LLC - c/o KEVIN CARPENTER 3506 RAEFORD RD ORLANDO, FL 32806 | | | | | | | | | | | | | | | | | | | | | | |

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|--|-----------|----------|--|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | CPS2569326 | 10/28/2016 | 10/28/2017 | EACH OCCURRENCE \$ 500,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | PERSONAL & ADV INJURY \$ 500,000 |
| | | | | | | | GENERAL AGGREGATE \$ 1,000,000 |
| | | | | | | | PRODUCTS - COMPI/OP AGG \$ 500,000 |
| | | | | | | | \$ |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| <input type="checkbox"/> ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ |
| <input type="checkbox"/> ALL OWNED AUTOS | | | | <input type="checkbox"/> SCHEDULED AUTOS | | | BODILY INJURY (Per accident) \$ |
| <input type="checkbox"/> HIRED AUTOS | | | | <input type="checkbox"/> NON-OWNED AUTOS | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| UMBRELLA LIAB | | | | | | | EACH OCCURRENCE \$ |
| <input type="checkbox"/> OCCUR | | | | | | | AGGREGATE \$ |
| EXCESS LIAB | | | | | | | \$ |
| <input type="checkbox"/> CLAIMS-MADE | | | | | | | \$ |
| <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S | | | | | | | \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A | | | | | | | E.L. EACH ACCIDENT \$ |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

HVAC WORK

| | |
|---|---|
| CERTIFICATE HOLDER 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 <i>Marvel Quevedo AOA6037</i> |
|---|---|

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY EXEMPTION**



CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE DATE: 3/3/2016 EXPIRATION DATE: 3/3/2018

PERSON: CARPENTER KEVIN

FEIN: 811618203

**BUSINESS NAME AND ADDRESS:
CARPENTER'S COOLING LLC**

**4625 LONGWORTH DR
ORLANDO FL 32812**

SCOPES OF BUSINESS OR TRA

IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

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HEATING, VENTILATION,
AIR-COND