

BUILDING JOB SITE CARD

City of Belle Isle

MECHANICAL PERMIT 2017-08-057

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-057

Site Address: 1511 Nevada Ave, 32809

Subdivision:

Description of Work: One 4-ton change out no ductwork

Issue Date: 8/11/17

Parcel Number: 25-23-29-5885-00-020

Class: Residential

Issued To: Certified Climate Control

Name: Hill. David

Payment Date & Method: AX93001 8-16-17

Business Phone: 386 675 6963 Contractor License #: CAC1816634

Schedule Inspections via Email at: BIDscheduling@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)	9.		
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

PERMIT # 2017-08-057

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 Proposition of the comments COMMENTS COMMENTS COMMENTS COMMENTS	GAS	INSPECTOR	DATE	COMMENTS
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 Gas			
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Above Ceiling Rough Hood Vent Final PLUMBING INSPECTOR DATE COMMENTS Sewer Underground				
Rough Hood Vent Final PLUMBING INSPECTOR DATE COMMENTS Sewer Underground	MECHANICAL	INSPECTOR	DATE	COMMENTS
Hood Vent Final PLUMBING INSPECTOR DATE COMMENTS Sewer Underground	Above Ceiling			
PLUMBING INSPECTOR DATE COMMENTS Sewer Underground	Rough			
PLUMBING INSPECTOR DATE COMMENTS Sewer Underground Underground	Hood Vent			
Sewer Underground Underground	Final			
Sewer Underground Underground				
Sewer Underground Underground		*	<u>'</u>	
Underground	PLUMBING	INSPECTOR	DATE	COMMENTS
	Sewer			
D 1	Underground			
	Rough			
Above Ceiling	Above Ceiling			
Irrigation	Irrigation			
Final	Final			
ROOF INSPECTOR DATE COMMENTS	ROOF	INSPECTOR	DATE	COMMENTS
In-progress	In-progress			
Final	Final			

Schedule Inspections via Email at: BIDscheduling@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

APPLICATION FOR MECHANICAL

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING I WILE 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. 2017-08-057

DATE OF APPLICATION: 8 9 17	PERMIT NUMBER OF TOO TOO
PLEASE PRINT. The undersigned hereby applies for a permit to make ins	tallations as indicated below:
	. Belle Isle FL
Project Address 1511 Nevado Aug	Phone 407: 346- 5964
Property Owner's Mailing Address 1511 Nevade Aw	City Belle Is/e
- I'' 7:- C-J- 4 2 MA 4 Parcel II Number -	5-23-29-5885-00-020
To obtain this information	n, please visit http://www.ocpafl.org/Searches/ParcelSearch.aspx
Class of Building: Old New Type of Building: Residenti	
ACOUNTY The 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	
Please Indicate the nature of work by completing the information below:	ii .
Air Conditioning: # of Units Tons Per Unit Total Tons	Heat Pump X Estimated Cost \$
Air Conditioning: # of Units Tons Per Unit T	
Heating: # of Units KWS Per Unit Total KWS BTU's Boiler Gas	Estilitates Cost 4
OilElectricX Boillei 320	(A) Estimated Cost Fee \$
Fees for Items below are based on valuation of all units, equipment, materials	and labor supplied by owner of contractor.
Ventilation: (Number of) Greese Heat Hoods, Air Intakes Exhaust Fa	ins Dryer Vents Estimated Cost \$
x)	Estimated Cost \$
Refrigeration: Number of unitsChill Water	Estimated Cost \$
Piping: AirVacuumSteamChill Water	Total Estimated Cost \$
Others: (Specify)	Total Estimated Cost \$(B) Estimated Cost Fee \$(P. OC
Was the space previously Air Conditioned? Yes No No I hereby certify that the above is true and correct to the best of my know	ledge and make Application for Permit as outlined above, and if
	I UALIMITED (CERTIFICIAL AND IN TAILE AND IN
same is granted I agree to conform to all Horida Building Code Regulations are submitted. The issuance of this permit does not grant permission to violate an	y applicable Town and/or State of Florida codes and/or ordinances.
Maka	LICENSE # CAC 1816634
Elocator in the second	COMPANY NAME Pertifical Climate Control
FICE MODELL TO THE TOTAL	COMPANY NAME 18 THY COMPANY NAME
Street Address 160A E Rhade Island Aug	78/ 15 5/A/R
City Orange City State FC Zip Cod	e32763 Phone Number 386675-6963
Email Address Jenni Fer @ certified climate	·com
Ellian Address Go p 11 . C	
	Permit Fee \$
Building Official: CQ pate 8-1	
	11 7
Verified Contractor's Licenses & Insurance are on fileD	ate 8417 3% Florida Surcharge \$ 4.7 Mir
verified desired to	Total Permit Fee \$ 45.50
-Patent Po	2 Pich
NOTE: The Building Permit Number is required if the Mechanical Installation	on is associated with any construction or alteration where a Building
Permit has been issued. 5056 37	Building Permit Number
426 24	and I Amore as as a line
30.50	gardy Amex 92001 8.16.17
(1, 1)	

14	
Daniel Marchan	DOC# 20170452329
Permit Number: Folio/Parcel ID #: 25-12-29-5885-00-020	08/15/2017 01:14:13 PM Page 1 of 1
Prepared by: JENNIFER	Phil Diamond, Comptroller
- Topped by:	Phil Diamond, Comptroller Orange County FL MB - Ret To: CERTIFIED CLIMATE CONTROL
Return to: CERTIFIED CLIMATE CONTROL	
690A E RHODE ISLAND AVE	
ORANGE CITY FL 32763	
NOTICE OF COMMENCEM	ENI
State of Florida, County of Orange The undersigned hereby gives notice that improvement w	ill he made to certain real property, and in accordance
with Chapter 713, Florida Statutes, the following informat	ion is provided in this Notice of Commencement.
 Description of property (legal description of the prop 	erty, and street address if available)
NELA ISLE REPLAT 23/52 LOT 2 1511 NEVADA	AVE BELLE ISLE FL 32809
2. General description of improvement	CNICED AND 17 5 CEED A/L
HVAC CHANGE OUT WITH NEW 4 TON HP-COND 3. Owner information or Lessee information if the Le	sees contracted for the improvement
Name HAROLD GENTLE	page Collegered for the limbroscopic
Address 1511 NEVADA AVE BELLE ISLE FL 32809	
Interest in Property	
Name and address of fee simple titleholder (if diffe	
Name	
Address	46-16 C
्र च Contractor च ह Name CERTIFIED CLIMATE CONTROL	Telephone Number 386-675-6963
Address 690A E RHODE ISLAND AVE ORANGE CI	TY FL 32763
5 Surety (if applicable, a copy of the payment bond is a	ttached)
Name	Telephone Number
Address	Amount of Band \$
≅ ₺. Lender	Tolonhoro Number
Address	Telephone Number
Persons within the State of Florida designated by	Owner upon whom notices or other documents may
be served as provided by §713.13(1)(a)7, Florida	Statutes.
Name	Telephone Number
ង តំ Address	2012
	es the following to receive a copy of the Lienor's
Notice as provided in §713.13(1)(b), Florida Statu Name	Telephone Number
Address	
Notice as provided in §713.13(1)(b), Florida Statu Name Address Expiration date of notice of commencement (the	expiration date will be 1 year from the date of recording
unless a different date is specified)	A
	D THE EVERDATION OF THE NOTICE OF COMMENCEMENT
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAI	RT I. SECTION 713.13, FLORIDA STATUTES, AND CAN
RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PR	OPERTY. A NOTICE OF COMMENCEMENT MUST BE
RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSI WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WO	PECTION. IF YOU IN LEND TO OBTAIN FINANCING, CONSULT RK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
7/ 1/0/ /	
Harold Flentle	<u>amner</u>
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/D	rector/Partner/Manager Signatory's Title/Office
The foregoing instrument was acknowledged before me this	15 day of 817 by Harold Gentle
as Gover _ for	George George
Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
\sim \sim \sim	
Signature of Notary Public State of Florida	Print, type, or stamp commissioned name of Notery Public
. \)	and the second state of th
Personally KnownOR Produced ID	JEHNIFER BOWERS
Type of ID Produced \(\text{\$\sigma_{\sigma_{\sigma}}\$}	- WAY COMMISSION #FF179788

MY COMMISSION #FF179789 EXPIRES November 30, 2018 FloridaNotaryService.com

(407) 395-0153

THE DIAMOND COUNTY COMPLEDITER



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

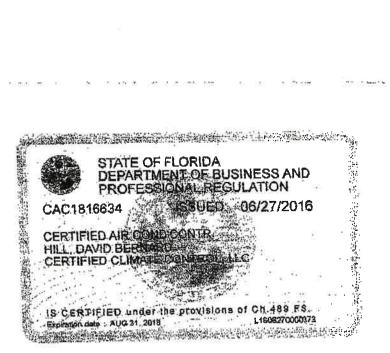
(850) 487-1395

HILL DAVID BERNARD CERTIFIED CLIMATE CONTROL, LLC 3053 LAGOON AVENUE FL 32738 DELTONA

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 CAC1816634

THE CLASS BAIR CONDITIONING CONTRACTOR

Named below IS CERTIFIED Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2018

HILL, DAVID BERNARD CERTIFIED CLIMATE CONTROL LL 690A E RHODE ISLAND/ABO ORANGE CITY BESS 763







CERTIFICATE OF LIABILITY INSURANCE

DATE (MINIODYYYY)

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(iss) 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).

certificate holder in lieu of such e	ndorsament(s).			
PRODUCER Blackadar Insurance Agency, Inc.		CONTACT NAME: Monica Mann PHONE PHONE (AVC. No. Ext):407-831-3832	FAX (A/C, No):407-8	30-4681
1436 N Ronald Reagan Blvd Longwood FL 32750		E-MAIL ADDRESS-MONICA@blackadar.com INSURERIS) AFFORDING COVERAC		NAIC#
L		NSURER A :United Fire & Casualty Compan	у	13021
INSURED	CERTCLI-01	INSURER B :FCCI Insurance Company	NAME.	10178
Certified Climate Control, LLC		INSURIER C:		
690 Ste A East Rhode Island Ave Orange City FL 32763	•	INSURER D :		
5.2.1g5 5.0j 1 2 52.755		INSURER E :		
00/554.050	CECTER ATT MUNICIPAL TO THE PARTY OF THE PAR	INSURER F :		

COVERAGES	CERTIFICATE NUMBER: 141534976	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.

ISR TR	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER	POLICY BFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITE	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-			60383915	5/20/2017	<u>5/20/2018</u>	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E3 occurrence) MEC EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000 \$
	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS AUTOS			60283315	5/20/2017	5/20/2018	COMBINED SINGLE LIMIT (E3 eccident) BODILY INJURY (Per person) BODILY INJURY (Per socident) PROPERTY DAMAGE (Per socident)	\$1,000,000 \$ \$ \$ \$
,	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADI			60383315	5/20/2017	5/20/2018	EACH OCCURRENCE AGGREGATE	\$1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABLITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		001WC17A70791	8/23/2017	6/23/2018	X WC STATU- ELL EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$500,000 \$500,000

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle 1600 Nela Ave. Belle Isle FL 32809	SMOULD 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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LOCAL BUSINESS TAX RECEIPT

LICENSE # LIC-8-15-7899 License Type: Contractor-sub

Amt. Paid: \$ 271.25

Stipulations. "Handicapped Parking space must be provided and in

compliance with current code ***

Date Issued: 08/08/2016 Expires: 09/30/2017

Annual Inspections \$70.00 Contractor Sub - 0250 - FYs \$121.25

Large Sign Fee \$50.00 Smill Sign Fee \$30.00

Certified Climate Control 690 Rhode Island Avenue A Orange City FL 32763

OF ORANGE CITY

205 E. Graves Avenue

Orange City, FL 32763

1511 Nevada Ave

Page 1 of 2



Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify...

1511 Nevada Ave < 25-23-29-5885-00-020 >

Gentle Harold

Mailing Address On File Gentle Desiree

Belle Isle, FL 32809-6075 1511 Nevada Ave

Incorrect Mailing Address?

Postal City and Zipcode 1511 Nevada Ave

Physical Street Address

Property Use Orlando, Fl 32809

0103 - Single Fam Class III

Municipality

Belle Isle

View 2016 Property Record Card

Values, Exemptions and Taxes

Property Features

Sales Analysis

Location Info

Market Stats

Update Information

1511 NEVADA AVE ORLANDO, FL 32809 3/18/2015 10:36 AM

2017 values will be available in August of 2017.

Property Description

NELA ISLE REPLAT 23/52 LOT 2

Total Land Area

16,000 sqft (+/-) | 0.37 acres (+/-)

GIS Calculated

Notice

View Plat

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-A	1 LOT(S)	working	working	working	working

Page 1 of 1 (1 total records)

Buildings

	r -
Model Code:	Important Information
01 - Single Fam Residence	
Actual Year Built: 1926	Structure
1926	
Gross Area:	
2152 sqft	