



BUILDING JOB SITE CARD

City of Belle Isle

MECHANICAL PERMIT 2017-08-113

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-113
Site Address: 3109 Cullen Lake Shore Drive, 32812
Subdivision:
Description of Work: One 5-ton change out no ductwork

Issue Date: 8/21/17
Parcel Number: 17-22-30-379-01-530
Class: Residential

Issued To: Air Flow Designs

Business Phone: 407 331 6521

Name: Burd, Terry

Contractor License #: CAC1814423

Payment Date & Method: 8-31-17 MC 0197 \$ 104.50

Schedule Inspections via Email at: BDscheduling@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			

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.



City of Belle Isle

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



APPLICATION FOR MECHANICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 8/16/17

PERMIT NUMBER: 207-08-113

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

Project Address 3109 CULLEN LAKE SHORE DRIVE Belle Isle FL 32809 32812
Property Owner WILLIAM & JOYCE HADLEY Phone 407-859-8147
Property Owner's Mailing Address 3109 CULLEN LAKE SHORE DRIVE City BELLE ISLE
State FL Zip Code 32812 Parcel Id Number: 17-23-30-4379-01-530

To obtain this information, please visit <http://www.ocpafi.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 5 Total Tons 5
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 10,057.00

Heating: # of Units KWS Per Unit 1 UNIT 10KW Total KWS 10 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) _____ 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 Terry Burd LICENSE # CAC/1814423

LICENSE HOLDER NAME TERRY BURD COMPANY NAME AIR FLOW DESIGNS

Street Address PO BOX 180308

City CASSELBERRY State FL Zip Code 32718 Phone Number 407-331-6521

Email Address CONSTRUCTION@AIRFLOWDESIGNS.COM

Building Official: SM Date 8-21-17
Verified Contractor's Licenses & Insurance are on file _____ Date _____

MC 0197 8-31-17

Permit Fee	\$	<u>67-</u>
Review Fee	\$	<u>33.50</u>
3% Florida Surcharge	\$	<u>4. min</u>
Total Permit Fee	\$	<u>104.50</u>

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

base 37
5x6 30
67-2
33.50
100.50

3109 Cullen Lake Shore Dr.

DOCM 20170470455
08/24/2017 10:00:35 AM Page 1 of 1
Rec Fee: \$10.00
Phil Diamond, Comptroller
Orange County, FL
SA - Ret To: AIR FLOW DESIGNS INC

Permit Number: 2017-08-113
Folio/Parcel Identification Number: 17-23-30-4379-01-530
Prepared by: JENIFER CAPORUSCIO



Return to: AIR FLOW DESIGNS
PO Box 180308
CASSELBERRY, FL 32718

NOTICE OF COMMENCEMENT

State of Florida, County of Orange
The undersigned hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.



- Description of property** (legal description of the property, and street address if available)
LAKE CONWAY ESTATES SECTION 3 4/19 LOT 153
- General description of improvement(s)**
HVAC CHANGE OUT
- Owner information**
Name William L + Joyce M Hadley Telephone Number 32812
Address 3109 Cullen Lake Shore Dr Belle Isle, FL Interest in Property _____
- Fee Simple Title Holder** (if other than owner shown above)
Name _____ Telephone Number _____
Address _____
- Contractor**
Name AIR FLOW DESIGNS Telephone Number 407 331 6521
Address PO BOX 180308 CASSELBERRY FL 32718
- Surety** (if any)
Name _____ Telephone Number _____
Address _____ Amount of bond \$ _____
- Lender** (if any)
Name _____ Telephone Number _____
Address _____
- 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 _____
Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name _____ Telephone Number _____
Address _____
- Expiration date of notice of commencement** (the expiration date is one year from the date of recording unless a different date is specified)

State of Florida, County of ORANGE
I hereby certify that this is a true copy of the instrument as recorded in the Official Records
PHIL DIAMOND, COUNTY COMPTROLLER
BY: [Signature], D.C.
DATE: 8-24-17

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X 11. William L Hadley Signature of Owner William L Hadley Signatory's Printed Name/Title/Office
(or Owner's Authorized Officer/Director/Partner/Manager §713.13[1][d])
The foregoing instrument was acknowledged before me this 16th day of AUGUST by WILLIAM HADLEY
(month/year) (name of person)

as _____ for _____
(Type of authority, e.g., officer, trustee, attorney in fact) (Name of party on behalf of whom instrument was executed)
[Signature] JENIFER CAPORUSCIO
Signature of Notary Public - State of Florida (Print, type, or stamp commissioned name of Notary Public)

Personally Known _____ OR Produced ID _____
Type of ID Produced DRIVERS LICENSE

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

X William L Hadley
Signature of Natural Person Signing on Line 11-Above





This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2016.

Certificate of Product Ratings

AHRI Certified Reference Number: 9156773 Date: 8/10/2017

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

Outdoor Unit Model Number: 25HCB660A*032*

Indoor Unit Model Number: FV4CNB006L

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: CARRIER AIR CONDITIONING

Series name: PERFORMANCE 16 HP

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	56500
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	16.00
Heating Capacity(Btuh) @ 47 F:	57000
Region IV HSPF Rating (Heating):	9.00
Heating Capacity(Btuh) @ 17 F:	36000

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahrirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahrirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

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CERTIFICATE NO.: 131468445317905325



HEATING & AIR CONDITIONING
STATE CERTIFIED #CAC042721
P.O. Box 180308 • Casselberry, FL 32718-0308

Turn to the Experts
Family Owned and
Operated Since 1958

Serving You and
Your Neighbors!!

SYSTEM PROPOSAL

www.AirFlowDesigns.com

Phone 407-631-3600

Proposal submitted to: <u>William & Joyce Hartley</u>		Date: <u>08/08/2017</u>	
Street: <u>3129 Cullen Lake Shore Drive</u>		Street: _____ (Job location if different)	
City, State, Zip Code: <u>McIntosh, FL 32812</u>		City, State, Zip Code: _____	
Home Phone: <u>859-8147</u> Cell Phone: _____		Homeowner's Email: _____ Job#: _____	
We Propose: <i>To furnish, install and service under warranty (stated below) products or related equipment for your home or business in accordance with the conditions and specifications set forth in this proposal.</i>			
MAJOR COMPONENT EQUIPMENT		CONTROLS AND ELECTRICAL	
<input checked="" type="checkbox"/> Heat Pump Model: <u>75 HCR 660</u> <input checked="" type="checkbox"/> Air Conditioner Model: _____ <input checked="" type="checkbox"/> Air Handler Model: <u>FV4CNR006L</u> <input type="checkbox"/> Furnace Model: _____ <input type="checkbox"/> Coil Model: _____ <input checked="" type="checkbox"/> Heat Strip Model: <u>12kw-1/2" Duct</u> <input type="checkbox"/> Zoning Model: _____ BTUH Cooling: _____ (Nominal) SEER Rating: <u>14.0</u> BTUH Heating: _____ (Nominal) HSPF: <u>9.0</u> AFUE: <u>80%</u>		<input type="checkbox"/> Digital Heating/Cooling Thermostat: _____ <input type="checkbox"/> A/C <input type="checkbox"/> H/P <input type="checkbox"/> 7 Day or 5/2 Day Programmable Thermostat: _____ <input checked="" type="checkbox"/> Humidity Control Thermostat: <u>Carrier - TD-WEA101</u> <input type="checkbox"/> New Outdoor Breaker _____ Amps <input type="checkbox"/> New Indoor Breaker _____ Amps <input type="checkbox"/> New All Copper Electric Circuit for Outdoor Unit <input type="checkbox"/> New All Copper Electric Circuit for Indoor Unit <input type="checkbox"/> New Outdoor Disconnect <input type="checkbox"/> New Indoor Disconnect <input type="checkbox"/> Upgrade Existing Electrical from _____ Amps to _____ Amps <input checked="" type="checkbox"/> Other: <u>New 3/4" x #2 Whip</u>	
INDOOR AIR QUALITY		MISCELLANEOUS	
<input type="checkbox"/> Electronic Air Cleaner Model #: _____ <input checked="" type="checkbox"/> Pleated Media Filter Model #: <u>(12) 23 3/4 x 21 1/2</u> <input type="checkbox"/> 1" Fiberglass Disp. or Washable Filter <input type="checkbox"/> Filter Rack _____ x <input type="checkbox"/> Ultra Violet Light(s) <input checked="" type="checkbox"/> 1-Bulb <input type="checkbox"/> 2-Bulb <input type="checkbox"/> Hepa Vac. Duct Cleaning # of Supplies: _____ # of Returns: _____ <input checked="" type="checkbox"/> Other: <u>Install UV Light & Top Tech Duct Top Tech</u>		<input checked="" type="checkbox"/> All Work Done in Accordance with Existing Codes <input checked="" type="checkbox"/> All Req. Permits <input checked="" type="checkbox"/> Remove & Haul Away Existing Equipment <input checked="" type="checkbox"/> Reline Platform <input checked="" type="checkbox"/> New Precast Concrete Pad: <u>12x40</u> <input checked="" type="checkbox"/> New Platform Top <input checked="" type="checkbox"/> All Work to be Performed in a Neat and Professional Manner by Journey - man Class Technicians. <input checked="" type="checkbox"/> All Debris Removed from Premises Daily. <input checked="" type="checkbox"/> Other: <u>Relocate Heat Pump to Original Location</u>	
AIR DISTRIBUTION AND PIPING		WARRANTIES	
<input type="checkbox"/> Modifications: Supply Plenum: _____ Return Plenum: _____ <input type="checkbox"/> New Supply Grill(s) _____ <input type="checkbox"/> New Return Grill(s): _____ <input type="checkbox"/> Filterback Return Grill: _____ x _____ <input type="checkbox"/> Mastic on All Duct Joints <input type="checkbox"/> Fiberglass Duct System with Reinforced Rip-Guard Vapor Barrier Main Trunk, Flexible Branch Supply and Return Ducts # of Supplies: _____ # of Returns: _____ <input checked="" type="checkbox"/> Condensate Drain <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing <input checked="" type="checkbox"/> EZ Trap <input checked="" type="checkbox"/> Refrigerant Copper Liquid Line: <u>3/8" - 50'</u> <input checked="" type="checkbox"/> Refrigerant Copper Suction Line with Insulation: <u>7/8" - 50'</u> <input type="checkbox"/> Condensate Pump: _____ <input type="checkbox"/> Dedicated Circuit <input type="checkbox"/> Combustion Air Vent(s): _____ <input type="checkbox"/> CO Detector <input type="checkbox"/> Flex Vent Con.: _____ <input type="checkbox"/> Flex. Gas Line Con.: _____		<input checked="" type="checkbox"/> AFD 2nd Year Protection Plan <input checked="" type="checkbox"/> 1 Year Labor Warranty <input checked="" type="checkbox"/> Manufacturer's Warranty on compressor: <u>12 1/4</u> Years <input checked="" type="checkbox"/> Manufacturer's Warranty on Outdoor Coil: <u>10</u> Years <input checked="" type="checkbox"/> Manufacturer's Warranty on Indoor Coil: <u>10</u> Years <input type="checkbox"/> Manufacturer's Warranty on Heat Exchanger: _____ Years <input checked="" type="checkbox"/> Manufacturer's Warranty On All Remaining Parts: <u>10</u> Years <input type="checkbox"/> 10 Year Mfg. Ext. Parts and Labor War. (Requires Annual Tune-up by AFD) <input type="checkbox"/> Warranty on Duct Installation: _____ Years <input type="checkbox"/> Warranty - Other: _____ Years <input checked="" type="checkbox"/> Upon Receipt at our Office of Your Service Agreement, We Will Provide a PRECISION TUNE-UP & PROFESSIONAL CLEANING at the End of the First Year, and ALL REPAIR LABOR for 2nd Year Is Also Covered Free of Charge.	
Unless otherwise noted, the scope of this job is confined to the details in the contract. Air Flow Designs will conduct a visual inspection of the homeowner's existing duct system at the time of installation and advise homeowner of any repairs necessary to achieve maximum performance from the new system and the cost for these repairs.			
It is the Homeowner's Responsibility, with Air Flow Designs, to Arrange a Mechanical Inspection at Completion of Work.			
Special Instructions / Promises Made:		Init. Cont. Amt \$ <u>10,932</u>	
<u>Install UV Light, Pleated Filter (12) Top Tech UV Light & Duct</u>		Mfg. Rebate: \$ _____	
<u>Relocate Heat Pump (12) Pleated Filter 23 3/4 x 21 1/2</u>		AFD Discount \$ <u>-875</u>	
		Utility Rebate: _____	
		Net Contract: \$ <u>10,057</u>	
We propose to furnish complete, as specified above, for the sum of (tax included): <u>four thousand and fifty seven dollars (\$4,057)</u>			
<input checked="" type="checkbox"/> Payment to Installers in Full upon Completion of Installation. Make Check Payable to Air Flow Designs, Inc. BUYER'S RIGHT TO CANCEL: You, the Buyer, May Cancel This Transaction Without Penalty or Obligation Any Time Prior to Midnight of the Third Business Day after the Date of This Transaction by Proper Notification.			
Signature: _____ (Company)		Date: <u>8.8.17</u>	
Signature: _____ (Customer)		Date: _____	
This proposal is valid for 60 days. It is agreed and understood by the parties that all equipment and parts which are sold pursuant hereto shall not become fixtures or part of the real estate where they are placed. Said parts and equipment shall at all times remain personal property and the title thereto shall remain with the seller until payment in full is received. Buyer hereby agrees that all parts and equipment may be repossessed in the event of non-payment.			

3:48:59 PM 8/31/2017

Data Contained In Search Results Is Current As Of 08/31/2017 03:39 PM.

Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Air Conditioning Contractor	AIR FLOW DESIGNS- WEST LLC	DBA	CAC1814424 Cert Air	Current, Active 08/31/2018
	License Location Address*:	250 JASMINE RD CASSELBERRY, FL 32707		
	Main Address*:	PO BOX 180308 CASSELBERRY, FL 32718		
Certified Air Conditioning Contractor	BURD, TERRY HILE	Primary	CAC1814424 Cert Air	Current, Active 08/31/2018
	License Location Address*:	250 JASMINE RD CASSELBERRY, FL 32707		
	Main Address*:	PO BOX 180308 CASSELBERRY, FL 32718		

[Back](#)
[New Search](#)

*** denotes**

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/09/17

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 Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida	
	PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No): 800-522-7514
EMAIL ADDRESS: ADP.COI.Center@Aon.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Munich National Insurance Co		23817
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 1690229 **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. LIMITS SHOWN ARE AS REQUESTED

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEC <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 026160313 FL	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> DTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 All worksite employees working for AIR FLOW DESIGNS CENTRAL, LLC paid under ADP TOTALSOURCE, INC 's payroll, are covered under the above stated policy AIR FLOW DESIGNS CENTRAL, LLC is an alternate employer under this policy

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Neia Ave Belle Isle FL 32809	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>Aon Risk Services, Inc of Florida</i>
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ACORD 25 (2016/03)

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1013296

4013296717011011110010000900000000123456789201700141





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2017

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 Johnson & Company 801 N Orange Avenue Suite 510 Orlando FL 32801	CONTACT NAME: Barbara Monroe PHONE (A/C, No, Ext): (407) 843-1120 FAX (A/C, No): (407) 843-5772 E-MAIL ADDRESS: bmonroe@johnsonandcompany.net	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Air Flow Designs Central, LLC 250 Jasmine Road Casselberry FL 32707	INSURER A: Westfield Insurance Company 84112	
	INSURER B: Great American Insurance Co 16691	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 17-18 AFD Central **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CMM 5285225	3/1/2017	3/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>		CMM 5285225	3/1/2017	3/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000		SBU 1805932 00	3/1/2017	3/1/2018
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Leased/Rented Equipment		CMM 5285225	3/1/2017	3/1/2018	Limit \$25,000

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

CERTIFICATE HOLDER 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 J D. Johnson Jr./MONR



LOCAL BUSINESS TAX RECEIPT
CITY OF CASSELBERRY
95 TRIPLET LAKE DRIVE
CASSELBERRY, FLORIDA 32707

Business name: AIR FLOW DESIGNS CENTRAL LLC
Location address: 250 JASMINE RD
City/State: CASSELBERRY FL 32707

AIR FLOW DESIGNS CENTRAL LLC
PO BOX 180308
CASSELBERRY FL 32718-0308

ISSUE DATE: August 15, 2016
EXPIRATION DATE: September 30, 2017

TAX RECEIPT #	CLASSIFICATION	FEES PAID
17-00006033	CONSTRUCTION	115.76
17-00006034	RETAIL/WHOLESALE 31 - 9999 EMPLOYEES	289.41
17-00006035	SERVICES 31 - 9999 EMPLOYEES	202.59
17-00010613	SEMINOLE COUNTY FEE B	45.00

LICENSE COMMENTS AND RESTRICTIONS:

HVAC SERVICES

EXEMPTION:

**IMPORTANT: THIS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS.
PENALTY FOR FAILURE TO DO SO.**



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3109 Cullen Lake Shore Dr < 17-23-30-4379-01-530 >

Name(s)	Physical Street Address
Hadley William L	3109 Cullen Lake Shore Dr
Hadley Joyce M	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32812
3109 Cullen Lake Shore Dr	Property Use
Belle Isle, FL 32812-1042	0130 - Sfr - Lake Front
Incorrect Mailing Address?	Municipality
	Belle Isle



View 2016 Property Record Card

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

2017 values will be available in August of 2017.

Property Description

[View Plat](#)

LAKE CONWAY ESTATES SECTION 3 Y/19 LOT 153

Total Land Area 21,653 sqft (+/-) | 0.50 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure				
	Model Code:	01 - Single Fam Residence	Actual Year Built:	1963	Gross Area:	3810 sqft
	Type Code:	0103 - Single Fam Class III	Beds:	5	Living Area:	2996 sqft
	Building Value:	working...	Baths:	3.0	Exterior Wall:	Concrete/Cinder Block
	Estimated New Cost:	working...	Floors:	2	Interior Wall:	Plastered

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
FPL3 - Good Fireplace	01/01/1963	1 Unit(s)	working...
BC3 - Boat Cover 3	01/01/1997	1 Unit(s)	working...
BD3 - Boat Dock 3	01/01/1997	1 Unit(s)	working...
PTNV - Patio No Value	01/01/2010	1 Unit(s)	working...

Page 1 of 1 (4 total records)

This Data Printed on 08/10/2017 and System Data Last Refreshed on 08/09/2017