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RECEIVED JUN 17 2019 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 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.

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:
Project Address 71 4 5 + Mor'it 2 5 + Belle Isle FL 32809 32812 Property Owner's Mailing Address Same as product City State FL Zip Code Parcel Id Number: 7 - 2 3 - 0 - 478 5 - 0 3 + 0 3 C REQUIRED! To obtain this information, please visit http://www.ocpafl.org/Searches/ParcelSearch.aspx
Class of Building: Old New Type of Building: Residential Commercial Other Addition Repair
Please indicate the nature of work by completing the information below:
Air Conditioning: # of UnitsTons Per UnitTotal Tons Type of System: Water to AirChiller Split System Package Heat Pump Estimated Cost \$
Heating: # of Units KWS Per Unit Total KWSBTU's Estimated Cost \$ Oil Electric Boiler Gas (A) Estimated Cost Fee s 1000 of the cost Fee
Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor. Ventilation:
Refrigeration: Number of units Duct work only
Piping: Air Vacuum Steam Chill Water Supply 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 LICENSE # CAC 181617 4
LICENSE HOLDER NAME VITALLY SOVCHENDSOMPANY NAME VITALL INC
Street Address 13425 Fox Glove 5+ City Winter Govley State F Zip Code 84187 Phone Number 407 467 6587
Email Address VI + AIR, FLOTI DE COMOUL LONG
needs Schematic - every calcy w blog permit permit Fee \$_74.
Building Official: Date /
1% BCAIB Fee \$ 2 mm
Verified Contractor's Licenses & Insurance are on file Date 1.5% DCA Fee \$ 2 m.v.
Total Permit Fee \$ 11500
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.
18.00
Building Permit Number
5111.

3714 SARAT MONTE ST. # 2019-06-054 8 1011 14 X14 Neturn WH LOX8 Installed 2 7500 BIU WINDEW units via revision to bldg permit Back Doon

Work Order No. 148396

Inspection Report

Project Name:

3714 Saint Moritz Street ~ COBI - 8 bed assisted living

acility

3714 Saint Moritz Street ~ COBI, Belle Isle, Orange County,

FL

Client:

Address:

City of Belle Isle

ProjectNo.:

0115.1800402.0000-0115-003

Lot No.: Contact:

Date:

Frank Matos at 407 851 8161

06/25/2019 Any any

Permit No: 2019-06-054 mechanical pemit

Scope of Inspection:

PLAN REVIEW: For duct work only. Advised contractor will have more info 06.25.2019.

Inspection Type:

Disposition of Inspection:

Comments:

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Dole Baker

Inspector:

Dale Baker, BN 3927

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Calcs Completed
Colors Vitair 1

BY CAC1816174

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 148396

06/25/2019 Any any

Permit No: 2019-06-054 mechanical pemit

Inspection Report

Project Name: 3714 Saint Moritz Street ~ COBI - 8 bed assisted living

facility

Address: 3714 Saint Moritz Street ~ COBI, Belle Isle, Orange County.

City of Belle Isle

Client: ProjectNo.:

0115.1800402.0000-0115-003

Scope of Inspection:

PLAN REVIEW: For duct work only. Advised contractor will have more info 06.25.2019.

Date:

Lot No .:

Contact:

Inspection Type:

See Scope

Disposition of Inspection: Fail

Comments:

Task Date

Task Note

06/25/2019

Per Building Official Dale Baker - new energy calculations must be submitted by current qualifying contractor Vitair, Inc to show that the additional square footage of the converted garage to living space will

be properly accommodated by the existing HVAC unit with current tonnage.

Jole Baker

<u>User Name</u>

Frank Matos at 407 851 8161

Susan Manchester

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector:

Dale Baker, BN 3927

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUC FORM 600C-01 Residential Limited Applications Prescriptive Method C Small Additions, Renovations & Building Systems Compliance with Method C of Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600C-01 for additions of 600 square feet or tess, site-ininponents of manufactured homes, an PROJECT NAME: BATI BUILDER: ROBINSON AND ADDRESS: . MORITZ ST OMES PERMITTING CLIMAT OFFICE: OWNER: ZONE: PERMIT NO. 2 JURISDICTION NO.: SMALL ADDITIONS TO EXISTING RESIDENCES (600 Square feet or less of conditioned area). Prescriptive requirements in Tables 6C-1, 6C-2 and 6C-3 apply only to the components of the addition, not to the existing building. Space healing, cooling, and water healing equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. RENOVATIONS (Residential buildings undergoing renovations costing more than 30% of the assessed value of the building). Prescriptive requirements in Tables 6C-1 and 6C-2 apply only to the components and equipment being renovated or replaced. MANUFACTURED HOMES AND BUILDINGS. Only site-installed components and features are covered by this form, BUILDING SYSTEMS Comply when complete new system is installed. 1. Renovation, Addition, New System or Manufactured Home EXISTING Single family detached or Multifamily attached SINGLE FAMILY 2, 3. If Multifamily-No. of units covered by this submission 3. 4. Conditioned floor area (sq. ft.) 4. 5. Predominant eave overhang (ft.) 5. 6. Glass area and type: Single Pane a. Clear glass Double Pane __ sq. ft, __ 🗷 🕿 b. Tint, film or solar screen 7. Percentage of glass to floor area sq. ft. 8. Floor type and insulation: a. Slab-on-grade (R-value) b. Wood, raised (R-value) c. Wood, common (R-value) _____ sq. ft. d. Concrete, raised (R-value) sq. ft. 8d. e. Concrete, common (R-value) sq. ft. Wall type and insulation: sq. ft. a. Exterior: 1. Masonry (Insulation R-value) 2. Wood frame (Insulation R-value) **9**a-1 9a-2 b. Adjacent: sq. ft. Masonry (Insulation R-value) 9b-1 Wood frame (Insulation R-va Reviewed for Code Compliance c. Marriage Walls of Multiple Units 9b-2 versal Engineering Sciences 9c 10. Ceiling type and insulation: a. Under attic (Insulation R-value) b. Single assembly (Insulation R-value) 10a. sq. ft. 10b. 11. Cooling system* ___ sq. ft. (Types: central, room unit, package terminal A.C., gas, existing, none) Type: CEUTRAL 12. Heating system*: (Types: heat pump, elec. strip, natural gas, L.P. gas, SEER/EER: 12. Type: ELECTHIC gas h.p., room or PTAC, existing, none) 13. Air Distribution System*: HSPF/COP/AFUE: _ Backflow damper or single package systems* (Yes/No) b. Ducts on marriage walls adequately sealed* (Yes/No) 13a. 13b. 14. Hot water system: (Types: elec., natural gas, other, existing, none) 14. Type: ELECTRIC * Pertains to manufactured homes with site installed components.

I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT	Review of plans and specifications covered by this calculation Indicates compliance with the Florida Energy Code. Before construction is completed, this building will be specified for compliance in accordance with Section 553,908, F.S. URLOING OFFICIAL: ATE:
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3714 St Moritz St, permit, building, 2018-10-051 - Robinson Custom Homes LLC

TABLE 6C-1: PRESCRIPTIVE REQUIREMENTS FOR SMALL ADDITIONS (600 Sq. Ft. and Less), RENOVATIONS TO EXISTING BUILDINGS AND SITE-INSTALLED COMPONENTS OF MANUFACTURED HOMES.

	COMPONENT	MINIMUM INSULATION	INSULATION	
WALLS	Concrete Block Frame, 2' x 4' Frame, 2' x 6' Common, Frame Common, Masonry	R-5 R-11 R-19 R-11 R-3	h-13	0.000
CEILINGS	Under Attic Single Assembly; Enclosed Frame Metal Pans Single Assembly; Open Common, Frame	R-30 R-19 R-13 R-10 R-11	<u>M-36</u>	SPACE LIEATING
FLOORS	Slab-on-grade Raised Wood Raised Concrete Common, Frame	No Minimum R-11 R-5 R-11	h-6	CDA
DUCT	In unconditioned space In conditioned space	R-6 No minimum	2.6	Ę

	EQUIPMENT	MINIMUM EFFICIENCY	INSTALLED EFFICIENCY
COOLING	Central A/C - Split -Single Pkg. Room unit or PTAC	SEER = 10.0 SEER = 9.7 EER = 8.5*	SEER = 10 SEER = EER =
SPACE HEATING	Electric Resistance Heat pump - Split - Single Pkg. Room unit or PTHP Gas, natural or propane Fuel Oll	ANY HSPF = 6.8 HSPF = 6.6 COP = 2.7* AFUE = .78 AFUE = .78	HSPF = 6.8 HSPF = HSPF/ = COP AFUE = AFUE =
HOT WATEH	Electric Resistance Gas; Natural or L.P. Fuel Oil	EF = .88 EF = .54 EF = .54	EF =

TABLE 6C-2: PRESCRIPTIVE REQUIREMENTS FOR GLASS AREAS IN ADDITIONS ONLY

* See Table 6-3, 6-7

UP TO 20%		UP TO 30%		EFFICIENT REQUIRED FOR GLASS PE UP TO 40%		UP TO 50%	
Single	Double	Single	Double	Single	Double	Single	
OH - SHGC 1'87	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	Double OH - SHGO
187 075	0′78	2°87 1°75 0°57	1'78 0'61	3'87 2'75 1'57 0' - ,39	278 161 044	4'87 3'75 2'57 1'39	3'78 2'61 1'44 0'35

IGC from the manufacturer or use defaults: Single clear SHGC = .87, double clear SHGC = .78, and single tint SHGC = .75,

COMPONENTS	SECTION	PEOUPPMENT	
Exterior Joints & Cracks	606.1	To be caulked, gasketed weether the	CHECK
Exterior Windows & Doors	606.1	To be caulked, gasketed, weather-stripped or otherwise seated.	1
Sole & Top Plates	606.1	Max. 0.3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	V
Recessed Lighting	606.1	Sole plates and penetrations through top plates of exterior walls must be sealed.	
Multi-story Houses		Type IC rated with no penetrations (two alternatives allowed). Air barrier on perimeter of these series of the se	
Exhaust Fans	000.1	Air barrier on perimeter of floor cavity between floors. Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	
Combustion Heating	606.1	Combustion space and water heating systems must be provided with outside combustion air, except for direct vent appliances.	
Water Heaters	612.1	Comply with efficiency requirements in Table 2.42	1
Swimming Pools & Spas	612.1	Spas & heated pools must have govern (and the control frequency for vertical pipe risers.	
Hot Water Pipes			1 1
Shower Heads	612.1	Insulation is required for hot water circulating systems (including heat recovery units).	-
HVAC Duct Construction, Insulation & Installation	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610.1. Ducts in attics must be insulated to a minimum of 8.6.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	

GENERAL DIRECTIONS:

- 1. On Table 6C-1 indicate the R-value of the insulation being added to each component and the efficiency levels of the equipment being installed. All R-values and efficiencies installed must meet or exceed the minimum values listed.
- 2. ADDITIONS ONLY. Determine the percentage of new glass to conditioned floor area in the addition as follows. Total the areas of all glass windows, sliding glass doors and glass door panels. Double the area of all non-vertical roof glass and add it to the previous total. When glass in existing extanor walls is being removed or enclosed by the addition, an amount equal to the total area of this glass may be subtracted from the total glass area. Divide the adjusted glass area total by the conditionad floor area of the addition. Multiply by 100 to get the percent. Find the largest glass percentage under which your calculated percentage falls on Table 6C-2. Prescriptives are given by the type of glass (Single or Double pane) and the overhang (OH) paired with a solar hear gain coefficient (SHGC). For a given glass type and overhang, the minimum solar heat gain coefficient allowed is specified. Actual glass windows and doors previously in the exterior walls of the house and being reinstalled in the addition do not have to comply with the overhang and solar heat gain coefficient requirements on Table 6C-2. All new glass in the addition must meet the requirement for one of the options in the glass percentage category you indicated. The overhang (OH) distance is measured perpendicularly from the face of the glass to a point directly under the outermost edge of the overhang.
- 3. RENOVATIONS ONLY. Replacement glass needs to meet the following requirements. Any glass type and solar heat gain coefficient may be used for glass areas which are under at least a two foot overhang and whose lowest edge does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear or double-pane tinted.
- 4. BUILDING SYSTEMS. Comply when new system is installed for system installed.
- 5. Complete the information requested on the top half of page 1.
- 6. Read "Minimum Requirements for Small Additions and Renovations", Table 6C-3, and check all applicable items.
- 7. Read, sign and date the "Owner/Agent" certification statement on page 1.