



City of Belle Isle Job Site Card Mechanical PERMIT 2019-04-031

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. **You are responsible for scheduling and keeping track of all your inspections -**

Permit Number: 2019-04-031
Site Address: 5404 Chiswick Circle 32812
Class: Residential
Description of Work: Change out one 5-ton unit

Issue Date: 4/10/2019
Parcel #: 20-23-30-9373-00-110
Subdivision: NA

Issued To FERRAN SERVICES & CONTRACTING INC
Name: DOMINICCI, HECTOR LUIS

Business Phone: 407 422-3551
Contractor License # CAC1817254

Payment Date & Method: 4 / 10 / 2019 Picked up by email
 Visa Master Card Amex Discover Check / Money Order # 0837

Schedule Inspections via Email at: BDscheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 3:00 PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following 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."

MECHANICAL	INSPECTOR	DATE	COMMENTS
500 Above Ceiling			
510 Rough			
520 Hood Vent			
530 Final			

Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3pm.** 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.universalengineering.com

RECEIVED
APR 10 2019

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: 4.5.2019

PERMIT NUMBER 2019-04-031

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

Project Address 5404 Cheswick Cir, Orlando FL 32812, Belle Isle FL 32809 32812
Property Owner Lemon William Keith Phone _____
Property Owner's Mailing Address 5404 Cheswick Cir City Orlando
State FL Zip Code 32812 Parcel Id Number: 20-23-30-9373-00-110

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
Type of Work: New Alteration Addition Repair

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 \$ _____

Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric Boiler _____ Gas _____

(A) Estimated Cost Fee \$ 14,166.00

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 [Signature] LICENSE # CAC1817254

LICENSE HOLDER NAME Hector Dominicci COMPANY NAME Ferran Services & Contracting Inc

Street Address 530 Grand St

City Orlando State FL Zip Code 32805 Phone Number 407.422.3551

Email Address hdominicci@ferran-services.com

Permit Fee \$ 67.50
Review Fee \$ 33.50
1% BCAIB Fee \$ 2 min
1.5% DCA Fee \$ 2 min
Total Permit Fee \$ 104.50

Building Official: [Signature] Date 4-10-19
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4/10/19

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
5 tons x 6
37
30
67.50
33.50
104.50

Building Permit Number _____

Permit Number: 209-04-031
 Folio/Parcel ID #: _____
 Prepared by: _____

 Return to: _____

DOC# 20190217795
 04/10/2019 09:26:09 AM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: FERRAN SERVICES



NOTICE OF COMMENCEMENT

State of Florida, County of Orange
 The undersigned hereby gives notice that improvement 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.

1. **Description of property** (legal description of the property, and street address if available)
 5404 Chiswick Cir Belle Isle FL 32812
2. **General description of improvement**
 A/C Change Out
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Keith Lemon
 Address 5404 Chiswick Cir Belle Isle, FL 32812
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Ferran Services Telephone Number 407-422-3551
 Address 530 Grand St Orlando 32805
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **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 _____
8. **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 _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____

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.

[Signature] _____
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5 day of April by KEITH LEMON/ARLENE ROBERTSON
 as Notary for KEITH LEMON
 Type of authority, e.g., officer, trustee, attorney in fact
 Name of party on behalf of whom instrument was executed

[Signature]
 Signature of Notary Public - State of Florida



Personally Known _____ OR Produced ID
 Type of ID Produced DL

State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: [Signature] D.C.
 DATED: 4/10/19





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

POWER OF ATTORNEY

Date: 4.10.19

Permit #: 2019-04-031

I hereby name and appoint Nathaniel Chapman of
(print name)

Ferran Services & Contracting Inc to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a Mechanical permit
(type of permit)

for work to be performed at the following location:

5404 Chi swick Cir, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: Hector Dominicci

License Number: CAC1817254

Certified Contractor's Signature: [Handwritten Signature]

The foregoing instrument was acknowledged before me this 10 days of April of 20 19

by Hector Dominicci who is personally known to me or who produced

_____ as identification and who did not take an oath.

State of Florida
County of Orange
[Handwritten Signature]
Notary Public, Orange County, Florida

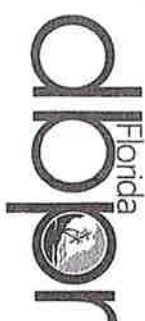


(seal)



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS A AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

DOMINICCI, HECTOR LUIS

FERRAN SERVICES & CONTRACTING INC
1809 BENOIT TERRACE
DAVENPORT FL 33837

LICENSE NUMBER: CAC1817254

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services PO Box 4927 Orlando, FL 32802-4927 407 691-9600	CONTACT NAME:														
	PHONE (A/C, No, Ext): 407 691-9600	FAX (A/C, No): 888-635-4183													
	E-MAIL ADDRESS:														
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Allied P & C Insurance Co</td> <td style="text-align: center;">42579</td> </tr> <tr> <td>INSURER B : Travelers Property Casually Co of Amer</td> <td style="text-align: center;">25674</td> </tr> <tr> <td>INSURER C : FFVA Mutual Insurance Company</td> <td style="text-align: center;">10385</td> </tr> <tr> <td>INSURER D : Depositors Insurance Company</td> <td style="text-align: center;">42587</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Allied P & C Insurance Co	42579	INSURER B : Travelers Property Casually Co of Amer	25674	INSURER C : FFVA Mutual Insurance Company	10385	INSURER D : Depositors Insurance Company	42587	INSURER E :		INSURER F :
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COVERAGES **CERTIFICATE NUMBER: 18/20 MSTBAIWSPNC-UP** **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR BI/PD Ded:\$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	ACGPLPO3007836743	09/30/2018	09/30/2019	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 - COMPIOP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		X	ACBPAPD3007836743	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		X	ZUP71N0289918NF	09/30/2018	09/30/2019	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		X	84000129362019A	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured status is granted as respects to General Liability if required by written construction agreement per endorsement CG7246 11/15 and/or "Contractors Enhancement Plus Endorsement" CG7323 12/16 which includes Primary and Non-Contributory Status and Waiver of Subrogation.

Additional Insured and Waiver of Subrogation is provided on the auto if required by contract or agreement (See Attached Descriptions)

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Orlando, 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>Jeffrey L. Johnson</i>
--	---

PAID: \$70.00 0098-00851828 8/20/2018

Tax Collector Scott Randolph

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.

1804 CERT AIR COND CONTR 2018 \$50.00 21 EMPLOYEES ;

EXPIRES 9/30/2019 1804-0025294

This receipt is official when validated by the Tax Collector.

Local Business Tax Receipt

Orange County, Florida



DOMINICCI HECTOR LUIS QUALIFIER
FERRAN SERVICES & CONTRACTING INC
DOMINICCI HECTOR LUIS
530 GRAND ST
ORLANDO FL 32805-4731

TOTAL TAX \$50.00
PREVIOUSLY PAID \$50.00
TOTAL DUE \$0.00

530 GRAND ST
A - ORLANDO, 32805
PAID: \$50.00 0098-00851815 8/20/2018

This receipt is official when validated by the Tax Collector.

Local Business Tax Receipt

Orange County, Florida



CRAWFORD JESSE LEE - QUALIFIER
FERRAN SERVICES & CONTRACTING INC
CRAWFORD JESSE LEE - QUALIFIER
530 GRAND ST
ORLANDO FL 32805-4731

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

1803 CERTIFIED PLUMBING C 2018 \$30.00 1 EMPLOYEE ;

530 GRAND ST
A - ORLANDO, 32805
PAID: \$30.00 0098-00851819 8/20/2018

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.

1803 CERTIFIED PLUMBING C 2018 \$30.00 1 EMPLOYEE ;

EXPIRES 9/30/2019 1803-0519239

This receipt is official when validated by the Tax Collector.



- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)**
- [My Favorites](#)

[Sign up for e-Notify...](#)

5404 Chiswick Cir < 20-23-30-9373-00-110 >

Name(s)	Physical Street Address
Lemon William Keith	5404 Chiswick Cir
Mailing Address On File	Postal City and Zipcode
5404 Chiswick Cir	Orlando, FL 32812
Belle Isle, FL 32812-2117	Property Use
Incorrect Mailing Address?	0103 - Single Fam Class III
	Municipality
	Belle Isle



View 2018 Property Record Card

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

2019 values will be available in August of 2019.

Property Description

[View Plat](#)

WINDSOR PLACE PHASE 1 30/28 LOT 11

Total Land Area 11,723 sqft (+/-) | 0.27 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	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:	1998	Gross Area:	3799 sqft
	Type Code:	0103 - Single Fam Class III	Beds:	4	Living Area:	2527 sqft
	Building Value:	working...	Baths:	3.0	Exterior Wall:	Concrete Block Stucco
	Estimated New Cost:	working...	Floors:	1	Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
PTNV - Patio No Value	01/01/2014	1 Unit(s)	working...

Page 1 of 1 (1 total records)

This Data Printed on 04/02/2019 and System Data Last Refreshed on 04/01/2019