

BUILDING JOB SITE CARD City of Belle Isle

MECHANICAL PERMIT 2017-08-027

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-027

Site Address: 4202 Belle Grove Ct, 32812

Subdivision:

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

Issue Date: 8/14/17

Parcel Number: 20-23-30-1661-01-080

Class: Residential

Issued To: Scott's Heating & AC LLC

Name: Moist, Scott

Payment Date & Method: 8-14-17 VVA 5094

Business Phone: 407 221 8007 Contractor License #: CAC1816941

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 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			

PERMIT # 2017-08-027 Page 2

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			
			f
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: <u>BIDscheduling@universalengineering.com</u>
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
Inspection of the Statist Medical Section of the Statist Medical Sect



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando FL 32814U6
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 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
Class of Building: Old 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 Tons Per Unit Total Tons Total Tons Fackage Heat PumpX
Heating: # of Units KWS Per Unit Total KWS _ 5 BTU's Estimated Cost \$
Gas
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 X 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 # CACI816941
LICENSE HOLDER NAME Scott Motst Conditions
Street Address 1830 Congrad Lake Many Rd #1032
City Carywood State FZ Zip Code 32750 Phone Number 47724-8007
Email Address Vice, scotts air can paid 8-14-17 VISA 5094
Permit Fee \$ \$5.00
Building Official: Date 8-4-17 Review Fee \$ 42.50
Verified Contractor's Licenses & Insurance are on file Date 8-4-17
Total Permit Fee \$ 131.50

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



Proposed by: Scott M. P.O. Box 521796 Longwood, FL 32752 Tel: (407) 221 8007 info@scottsair.com www.scottsair.com Jim Radosezich 4202 Belle Grove Ct. Belle Isle, Florida 32812 Tel: (407) 851 5954 jim1scout@brighthouse.com



Install Address: 4202 Belle Grove Ct.

BEST You Invest: \$ 7450







MODELS

Bryant 280ANV060000 Brochurs

-Evolution Extreme

-Inverter Heat Pump -10 year parts limited to original purchaser upon timely registration

-Otherwise 5 years (Applies to residential installation only) Bryant

FE4ANB006L00 Brochure

-Evolution Series

-Air Handler

-Variable Speed

Bryant

SYSTXBBECW01-A Brochure

-Evolution System Controller

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Included Deductions:

• BRYANT BONUS EVOLUTION EXTREME (\$600.00)

• Service Discount (\$500.00)

SPECIAL INCLUSIONS:

GP1
*OPCD
5KW Heater

AHRI Matchup:

AHRI #: 9893760 Cooling Capacity: 56000 Heating Capacity: 55500

SEER: 18 EER: 12.5 HSPF: 12

* Outdoor breaker needs changed out to a 50 amp.

* Please install filter rack under unit.

* 1 Year maintenance plan with the first year.

* \$400 off if you go with a cash or check deal.

* Run new stat wire from the t-stat to the indoor unit.

INCLUDED SERVICES:

- MISCELLANEOUS MATERIAL
- HONEYWELL OR NEST WI-FI T-STAT
- TIE DOWNS, FLOAT SWITCH, AND LOCKING CAPS
- FILTER RACK FOR UNDER THE INDOOR UNIT
- 1 YEAR %100 MONEY BACK GUARANTEE
- PLYWOOD
- 40X40X4 AC PAD
- REPAIR RETURN LINER UNDER THE PLATFORM
- DUKE REBATE ON 15 SEER OR ABOVE SYSTEMS \$200,
- 17 SEER OR ABOVE \$600.
- PERMIT FEE

1. To View The HVAC Opcost website - CLICK THIS LINK! 2. To read about Scotts Heating and Air Conditioning, LLC. - CLICK THIS LINK! TERMS & CONDITIONS OF AGREEMENT 1. Purchaser hereby accepts the equipment and service described above and agrees to pay Scotts Heating and Air Conditioning, LLC. the price shown above. 2. All equipment and material are guaranteed by Scotts Heating and Air Conditioning, LLC. to be as specified. All work will be completed in a workmanlike manner according to normally accepted practices. 3. Materials and work in addition to that described herein will be furnished only on Purchaser's authorization and will be paid by Purchaser as

an extra charge. 4. Upon failure to pay any sums due hereunder, Purchaser agrees to pay Scotts Heating and Air Conditioning, LLC. interest at the rate of one and one half percent (1½%) per month (annual rate of 18%) on all outstanding balances. 5. Scotts Heating and Air Conditioning, LLC shall not be liable for any default caused by events beyond its control, including but not limited to, fire, flood, strikes, accidents, or delays affecting this work or other operations in which it is involved, directly or indirectly. 6. Purchaser shall permit Scotts Heating and Air Conditioning, LLC. reasonable access to the property on which equipment is to be installed. Title to all provided equipment remains with Scotts Heating and Air Conditioning, LLC. until all amounts due thereon are paid in full, whether such equipment is affixed to the realty or not, and shall remain personal property and be deemed sever-able without injury to the freehold. On any payment default by Purchaser, or if in Scotts Heating and Air Conditioning, LLC's judgment, reasonably exercised, its equity appears to be imperiled, then, Scotts Heating and Air Conditioning, LLC may without further notice enter the premises and remove or resell the equipment, and Purchaser shall be liable for any deficiency or loss sustained by Scotts Heating and Air Conditioning, LLC. in connection therewith, 7. Once equipment is connected at Purchaser's property, Purchaser assumes all risk of loss or damage to such equipment and shall insure same fully to protect all interests of Scotts Heating and Air Conditioning, LLC, cost of insurance to be paid by Purchaser. Scotts Heating and Air Conditioning, LLC carries liability insurance and Worker's Compensation Insurance. 8. Scotts Heating and Air Conditioning, LLC provides a one-year limited labor warranty. Equipment or system failure due to lack of proper maintenance service or abuse is expressly excluded. Normal maintenance check-ups and filter replacements are the responsibility of Purchaser. All other warranties, expressed or implied, are the responsibility of the manufacturer of the equipment, parts, or materials used in connection with the services. 9. There are no warranties, expressed or implied, for existing equipment, ductwork, or other materials not installed by Scotts Heating and Air Conditioning, LLC. 10. All warranty work will be performed during Scotts Heating and Air Conditioning, LLC's normal working hours, 8:00AM to 5:00PM, Monday through Friday. 11. Purchaser is responsible for all costs and reasonable attorney fees incurred by Scotts Heating and Air Conditioning, LLC. in connection with any action or proceeding (including arbitration and appeals) arising out of this agreement, including collection of any outstanding amounts due, whether or not suit is filed. 12. Except as provided herein Scotts Heating and Air Conditioning, LLC makes no other representations or warranties, either express or implied, including, but not limited to, any implied warranties of merchantability or fitness for a particular purpose Scotts Heating and Air Conditioning, LLC: expressly disclaims all other warranties. Scotts Heating and Air Conditioning, LLC's maximum liability hereunder shall consist of refunding all moneys paid to it by Purchaser hereunder subject to removal and return to Scotts Heating and Air Conditioning, LLC. of all equipment provided hereunder. Under no circumstances will Scotts Heating and Air Conditioning, LLC. be liable to Purchaser or any other person for any damages, including, without limitation, any indirect, incidental, special, or consequential damages, expenses, cost, profits, lost savings or earnings, lost or corrupted data, or other liability arising out of or related to this agreement, or the services or equipment provided hereunder. 13. This agreement shall be governed and construed solely according to the internal laws of the State of Florida, without reference to any conflicts of laws. 14. This agreement is the complete and exclusive statement of the agreement between Purchaser and Scotts Heating and Air Conditioning, LLC, and it supersedes all prior oral and written proposals and any prior or subsequent communications pertaining to the subject matter hereof. Signature of Authorized Purchaser;

	Date	Payment to be made as follows: Balanc
on completion Scotts Heating and Air Condition	ing, LLC proposes hereby to furr	nish and install the equipment and materials as described
above on the terms and conditions provided here	in. This proposal is good for thir	ty (30) days from the date hereof, but may be accepted at
any later date at the sole discretion of Scotts Hea	iting and Air Conditioning, LLC.	Signature of Authorized Representative of Scotts Heating
and Air Conditioning, LLC:		Date

Jim Radosezich • Date Created: 05-15-2017

AVAILABLE UPGRADES & OPTIONS



UPGRADE 1 (APPROVED and Included in Price) \$600.00

Available for: BEST, BETTER, GOOD, BUDGET
AIR NIGHT PX5

UPGRADE 2 (APPROVED and Included in Price)

Available for: BEST, BETTER, GOOD, BUDGET

(2)

5 YEAR LABOR WARRANTY

Proposal Approval Section

Quality Levels

Best □ Better □ Good □ Budget

Payment Options

□ Cash □ Check □ Credit Card □ Financing

Print your name

Draw your signature..

Draw It Clear

I accept the terms of this agreement.

Property Record - 20-23-30-1661-01-080

Orange County Property Appraiser • http://www.ocpafl.org

Property Summary

Property Name

4202 Belle Grove Ct

Names

Radosevich James Douglas Radosevich Linda Anne

Municipality

BI - Belle Isle

Property Use

0103 - Single Fam Class III

Mailing Address

4202 Belle Grove Ct Belle Isle, FL 32812-3629

Physical Address

4202 Belle Grove Ct Orlando, FL 32812



QR Code For Mobile Phone



302320166101080 09/28/2006



Value and Taxes

Historical Value and Tax Benefits

Tax Yo		Land	Building(s)	Feature(s)	Market Value	Assessed Value
2016	✓ MKT	\$55,000	+ \$217,391	+ \$24,500 =	\$296,891 (5.2%)	\$236,180 (.70%)
2015	✓ MKT	\$55,000	+ \$202,151	+ \$25,000 =	\$282,151 (18%)	\$234,538 (.80%)
2014	✓ MKT	\$55,000	+ \$165,902	+ \$19,100 =	\$240,002 (4.7%)	\$232,677 (1.5%)
2013	✓ MICT	\$55,000	+ \$154,538	+ \$19,700 =	\$229,238	\$229,238



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/28/2017

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).

Continuate Holder III fled of 3uch	on oor connorre(o).				
PRODUCER		NAME: Monica Mann			
Blackadar Insurance Agency, Inc. 1436 N Ronald Reagan Blvd Longwood FL 32750 INSURED SCOTHEA-01		PHONE (A/C, No., Ext):407-831-3832	FAX (A/C, No):407	7-830-4681	
		E-MAIL ADDRESS:Monica@blackadar.com	100 E 202-0		
		INSURER(S) AFFORDING COVERA	AGE	NAIC#	
		INSURER A :United Fire & Casualty Compa	ıny	13021	
		INSURER B : Bridgefield Employers Ins Co		10701	
Scott's Heating and Air Condition	ing, LLC	INSURER C :	100000000000000000000000000000000000000		
1844 Longwood-Lake Mary Rd Suite 1000		INSURER D :			
Longwood FL 32750		INSURER E :			
		INSURER F:			

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CERTIFICATE NUMBER: 115018112

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.

NSR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC			60481668	9/15/2016	9/15/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000 \$
2	AUTOMOBILE LIABILITY X ANY AUTON ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X AUTOS X AUTOS X AUTOS X AUTOS X AUTOS			60481668	9/15/2016	9/15/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			60481668	9/15/2016	9/15/2017	EACH OCCURRENCE AGGREGATE	\$1,000,000 \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		83056096	12/1/2016	12/1/2017	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT 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)

Certificate Holder is included as Additional Insured and Blanket Waiver of Subrogation applies; with regard to General Liability and Business Auto when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle 1600 Nela Avenue 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.
ner	Sig L. B

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STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MOIST, RANDOLPH SCOTT SCOTT'S HEATING AND AIR CONDITIONING LLC 1844 LONGWOOD-LAKE MARY RD. #1000 LONGWOOD FL 32750

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!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CAC1816941

ISSUED: 06/12/2016

CERTIFIED AIR COND CONTR MOIST, RANDOLPH SCOTT SCOTT'S HEATING AND AIR CONDITIONI

IS CERTIFIED under the provisions of Ch. 489 FS Expiration date: AUG 31, 2018 L1606120000869

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CAC1816941

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

ISSUED: 06/12/2016



MOIST, RANDOLPH SCOTT SCOTT'S HEATING AND AIR CONDITIONING LLC 1844 LONGWOOD-LAKE MARY RD. #1000 LONGWOOD FL 32750





SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 Sanford, FL 32772-0630 Telephone: 407-665-1000 www.seminoletax.org

VALID THROUGH 09/30/17

SCOTT'S HEATING AND AIR CONDITIONING LLC 1844 LONGWOOD LAKE MARY ROAD #1000 LONGWOOD, FL 32750

Account #:179275

RANDOLPH SCOTT MOIST (OWNER)

REGULATED License # - CAC1816941 Qualifier- RANDOLPH MOIST

Receipt #: OLHS2016081700491

Amount Paid: \$ 45.00

Date Paid: 08/17/2016