



PERMIT CARD - PLEASE POST AT JOB SITE
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: **"NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."** The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

<p>Scope of Work: MECHANICAL: one 3.5 ton change out</p> <p>Comments: None</p> <p>Project Information Address: 4213 Kandra Ct, Belle Isle, FL 32812 Parcel ID: 20-23-30-1646-00-470 Property Owner: Free, Bartley H Phone Number: none ***** Company Name: 3H Contracting Inc Contractor Name: Hebert, Brian License Number: CMC1249567 Address: 922 E 124th Ave, #E, Tampa FL 33612 Phone Number: 813 979 4208</p>	<p align="center">Permit Number: 2017-08-023</p> <p>Date of Application: 08/03/2017 Date Permit Issued: 08/08/2017</p> <p>WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$91.50 Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p>TOTAL FEES \$95.50</p> <p>Date Paid <u>8-8-17</u> CC of Check # <u>W 5290</u> Amount Paid <u>95.50</u></p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p align="center">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE:</p> <p>Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2nd _____ (Slab) 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4th _____ (Exterior Framing)(Roof/Wall Sheathing) 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6th _____ (Insulation to be Made After Roof Installed) 7th _____ (Drywall) 8th _____ (Sidewalk/Driveway) 9th _____ (Other) 10th _____ (Final - After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1st ROOF In-Progress _____ 2nd ROOF Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1st _____ (Underground) 2nd _____ (Sewer) 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___Natural ___LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BidScheduling@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 32814
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.

DATE OF APPLICATION: 08/02/2017

PERMIT NUMBER: 207-08-023

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

Project Address: 4213 Kandara Ct
Property Owner: Bart Free 4213 Kandara Ct.
Property Owner's Mailing Address: 4213 Kandara Ct. Free, Bart
State #: _____ Zip Code: 32812 Parcel Id Number:

Belle Isle FL 32809 32812
Phone 407-893-1809 407-883-1809
City Belle Isle

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New
Type of Work: New Alteration Addition Repair Commercial Other

- **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 3.5 Total Tons 3.5 Estimated Cost \$ _____
Type of System: Water to Air _____ Split System yes Package _____ Heat Pump yes Estimated Cost \$ _____
Heating: # of Units KWMS Per Unit 7.5 Total KWMS 7.5 BTU's 42,000 Estimated Cost \$ _____
Oil _____ Electric yes Boiler _____ Gas _____ (A) Estimated Cost Fee \$ 4,000 4,000

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 _____
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 yes No _____
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 # 0101249567
LICENSE HOLDER NAME: Brian Herbert COMPANY NAME: 3H CONTRACTING
Street Address: 922 E. 124th Ave. Suite E 902 124th Ave Suite E
City Tampa State Fla Zip Code 33612 Phone Number 813-979-4208 813-979-4208
Email Address brian@3hcontracting.com or Mike@3hcontracting.com mike@3hcontracting.com

Building Official: COY Date 8-4-17
Verified Contractor's Licenses & Insurance are on file eq Date 8-4-17

Permit Fee: \$ 61.-
Review Fee: \$ 36.50
3% Florida Surcharge: \$ 4.-
Total Permit Fee: \$ 95.50

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.

Disc 324
4x6
61.50
30.50
91.50



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**HEBERT, BRIAN THOMAS
3H CONTRACTING INC
922 E. 124TH AVE.
SUITE E
TAMPA FL 33612**

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.

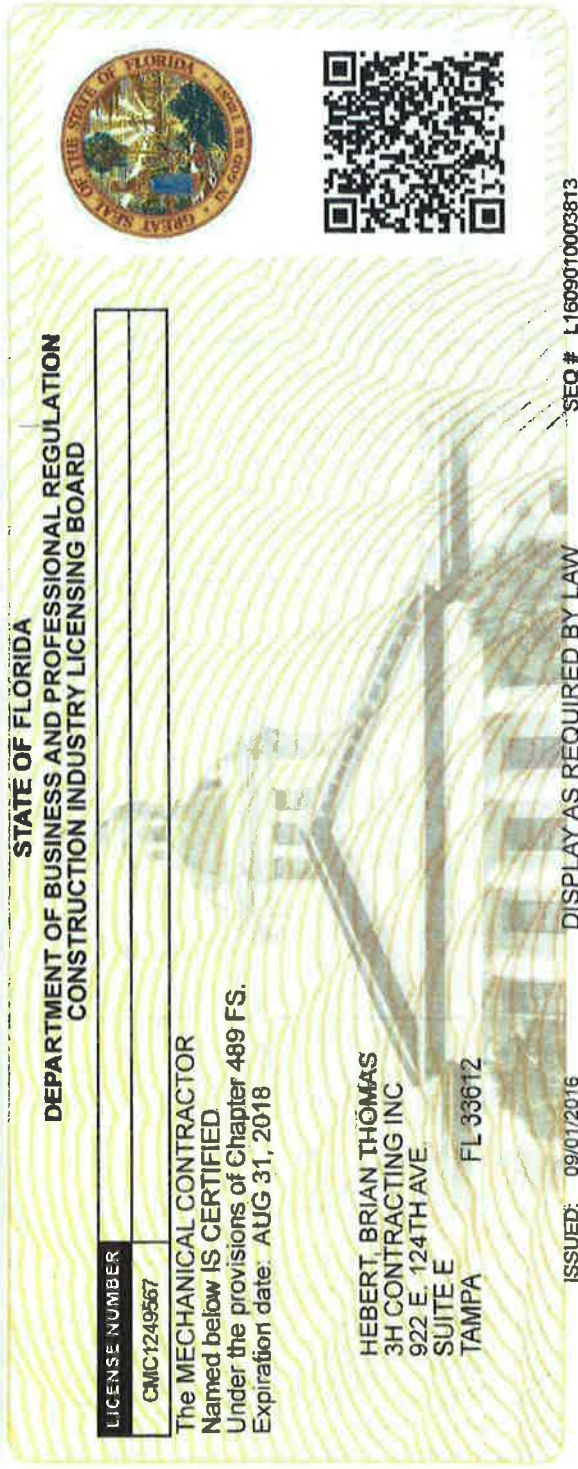
Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more 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!

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

DETACH HERE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/2017

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 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 Seibert Insurance Agency 5121 Ehrlich Road, Ste. 111 Tampa FL 33624		CONTACT NAME: KARYN ROBLING	
INSURED 3H Contracting Inc DBA 3HAC of Orlando 922 E 124TH AVENUE SUITE E Tampa FL 33612		PHONE (A/C, No. Ext): (813) 960-4672	FAX (A/C, No.): (813) 960-4689
		E-MAIL ADDRESS: KARYN@SEIBERTAGENCY.COM	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Auto Owners	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC # 18988	

COVERAGES

CERTIFICATE NUMBER: Cert ID 478

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 INSD. 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		20264726			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		5126464500	06/20/2017	06/20/2018	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$		51-264767-00	06/20/2017	06/20/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

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. AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/2/2017

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 Lutz #101 Lutz INSURED 3HAC of Orlando 922 E 124th Ave Suite E Tampa FL 33612	CONTACT NAME: Audra Browder PHONE (A/C, No, Ext): (813) 749-7948 E-MAIL ADDRESS: audra@cgbinsurance.com FAX (A/C, No): (813) 200-2120 INSURER(S) AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: Technology Insurance INSURER D: INSURER E: INSURER F:	NAIC # 42376
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COVERAGES

CERTIFICATE NUMBER: 2017-2018 Pkg & WC **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 INSD WVD	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					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Owners or Lessees \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		TWC3613875	2/9/2017	2/9/2018	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Avenue
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

Kraig Blancher / AMANDA

ACORD 25 (2014/01)
INS025 (2014/01)

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2017 - 2018 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT
OCC. CODE 090.016001 MECHANICAL CONTRACTOR

EXPIRES SEPTEMBER 30, 2018

ACCOUNT NO.
260951
RENEWAL

1 Employees

Receipt Fee	18.00
Hazardous Waste Surcharge	40.00
Law Library Fee	0.00
CMC1249567	

BUSINESS HEBERT BRIAN THOMAS
922 E 124TH AVE E
TAMPA, FL 33612

2017 - 2018

NAME HEBERT BRIAN THOMAS
MAILING 3H CONTRACTING INC
ADDRESS 922 E 124TH AVE E
TAMPA, FL 33612

BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

Paid 16-0-267030
07/18/2017 58.00

DOUG BELDEN, TAX COLLECTOR
813-838-8200
THIS BECOMES A TAX RECEIPT WHEN VALIDATED.