



BUILDING JOB SITE CARD

City of Belle Isle

MECHANICAL PERMIT 2017-08-059

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-059

Site Address: 4400 Hoffner Ave, 32812

Subdivision:

Description of Work: Four units total 25 tons new installation

Issue Date: 8/11/17

Parcel Number: 20-23-30-0000-00-012

Class: Commercial

Issued To: Acu-Temp Refrigeration

Name: Gengler, James

Payment Date & Method: 8-14-17 VISA 0651

Business Phone: 863 682 3803

Contractor License #: CAC0582235

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 | | | |
| | | | |

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org



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: 07-21-2017 8/8/17 PERMIT NUMBER 2017-08-659
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 4400 Hoffner Avenue OREILLY'S Belle Isle FL 32809 x 32812
Property Owner HOFFNER FRUIT LLC Phone _____
Property Owner's Mailing Address _____ City _____
State _____ Zip Code _____ Parcel Id Number: 20-23-30-0000-06-012
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

- REQUIRED Tie Down Engineering and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space – provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, provide a Duct Certification as per FB 101.4.7.1 (form can be found on website)

Please indicate the nature of work by completing the information below:
Air Conditioning: # of Units 4 Tons Per Unit (275/2) 137.5 Total Tons 25 Estimated Cost \$ 30,000
Type of System: Water to Air _____ Chiller _____ Split System _____ Package Heat Pump _____
Heating: # of Units KWS Per Unit _____ Total KWS _____ BTU's _____ Estimated Cost \$ _____
Oil _____ Electric _____ Boiler _____ Gas _____
MBH - 150/148 Each. (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 \$ 565.00
Refrigeration: Number of units _____ 25 tons = 294 ÷ 2 = 147 Estimated Cost \$ _____
Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ 441.- Estimated Cost \$ _____
Others: (Specify) _____ Estimated Cost \$ _____
Was the space previously Air Conditioned? Yes _____ No (B) Estimated Cost Fee \$ _____

Building Official: [Signature] Date 8-11-17 25%
Review & Permit Fee \$ 441.-
3% Florida Surcharge \$ 11.03
Total Permit Fee \$ 452.03

19% = 4.41 15% = 6.62 paid 8-14-17 / VISA 0651.
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 # CAC058235
LICENSE HOLDER NAME James Gengler COMPANY NAME Acu-Temp Refrigeration
Street Address 205 Complex Dr
City Lakeland State FL Zip Code 33801 Phone Number 863-682-3803

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. Building Permit Number _____

mike@acu-temp.com 87012 bdg permit 2017-04-06
RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #MEC010



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

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

(850) 487-1395

GENGLER, JAMES W
ACU TEMP REFRIGERATION INC
1610 LEIGHTON AVE
LAKELAND FL 33803

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**

CAC058235 ISSUED: 07/31/2016

CERTIFIED AIR COND CONTR
GENGLER, JAMES W
ACU TEMP REFRIGERATION INC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2018 L1607310002441

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

| LICENSE NUMBER |
|----------------|
| CAC058235 |

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



GENGLER, JAMES W
ACU TEMP REFRIGERATION INC
205 COMPLEX DRIVE
LAKELAND FL 33801



ISSUED: 07/31/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607310002441



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2017

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 Stahl & Associates Insurance Inc. 91 Lake Morton Drive P O Box 3608 Lakeland FL 33802 | | CONTACT NAME: Julie Hughes PHONE (A/C, No, Ext): (863) 606-6061 FAX (A/C, No): (863) 688-4344 E-MAIL ADDRESS: julie.hughes@stahlinsurance.com | | | | | | | | | | | | | | | |
|---|--------|--|--|-------------------------------|--------|----------------------------------|-------|-----------------------------------|-------|------------|--|------------|--|------------|--|------------|--|
| INSURED Acu Temp Refrigeration, Inc. 205 Complex Drive Lakeland FL 33801 | | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A Amerisure Insurance Co</td> <td>19488</td> </tr> <tr> <td>INSURER B Amerisure Mutual Ins Co</td> <td>23396</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A Amerisure Insurance Co | 19488 | INSURER B Amerisure Mutual Ins Co | 23396 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | | | |
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| INSURER D: | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | |


COVERAGES CERTIFICATE NUMBER:16-17 Master 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 INSD | 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 <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Coverage GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CPP20984740 | 9/11/2016 | 9/11/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150,000 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 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | CA209847300 | 9/11/2016 | 9/11/2017 | 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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | CJ20984750 | 9/11/2016 | 9/11/2017 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | WC20984760 | 9/11/2016 | 9/11/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)
 4400 Hoffner Ave O'Reilly's

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| SManchester@universalengin 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 Chuck Gore/HUGHES  |
|--|--|

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POLK COUNTY LOCAL BUSINESS TAX RECEIPT
ACCOUNT NO. 15880

CLASS: B

EXPIRES: 9/30/2017

| | |
|--------------------------------|--|
| OWNER NAME GENGLER, JAMES W | LOCATION 205 COMPLEX DR LAKELAND |
|--------------------------------|--|

BUSINESS NAME AND MAILING ADDRESS

CODE ACTIVITY TYPE
230015 CONTRACTOR AIR CONDITIONING

ACU TEMP REFRIGERATION

205 COMPLEX DR
LAKELAND, FL 33801



PROFESSIONAL LICENSE (IF APPLICABLE)
CAC058235

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE
CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID-1520802.0001-0001 07/15/2016 07/15/2016 PAW 159 57.75 JAMES GENGLER