



# BUILDING JOB SITE CARD

City of Belle Isle

## MECHANICAL PERMIT 2017-08-108

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-108

Site Address: 5225 Hawford Circle, 32812

Subdivision:

Description of Work: One 5-ton change out no ductwork

Issue Date: 8/18/17

Parcel Number: 20-23-30-9375-00-240

Class: Residential

Issued To: ACR Sales & Service Inc

Name: Torres, Miguel

Payment Date & Method: 8-25-17 VISA 9624 \$104.58

Business Phone: 407 299 9190

Contractor License #: CAC0355517

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto: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			

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**Inspection Results Will Be Sent Out the Following Morning**

**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](http://www.cityofbelleislefl.org)

**RECEIVED**  
 AUG 17 2017

**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: 8/17/17 PERMIT NUMBER 2017-08-108  
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5225 Hawford Cir. Belle Isle FL 32809  32812  
 Property Owner Carmen Bonaparte Phone 407-473-4244  
 Property Owner's Mailing Address 5225 Hawford Cir. City Belle Isle  
 State FL Zip Code 32812 Parcel Id Number: 20-23-20-9375-00-240

To obtain this information, please visit <http://www.ocpaf.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 1 Tons Per Unit 5 Total Tons 5  
 Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ 7299  
**Heating:** # of Units KWS Per Unit 1 Total KWS 10 BTU's \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
 Oil  Electric  Boiler  Gas

(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 \$ \_\_\_\_\_  
**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 \$ \_\_\_\_\_

base 37  
 6 x 5 = 30  
 67.2  
 33.50  
 100.50

Building Official: COG Date 8-18-17 Review & Permit Fee \$ 100.50  
 3% Florida Surcharge \$ 4.00 min  
 Total Permit Fee \$ 104.50  
 11/11/17 ✓ OF 8/21/17  
 VISA 4624 8225-17

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 Miguel Torres LICENSE # CA 0035517  
 LICENSE HOLDER NAME Miguel Torres COMPANY NAME ACR sales of service  
 Street Address 1757 Benbow Ct.  
 City Apopka State FL Zip Code 32703 Phone Number 407 299 9190

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 \_\_\_\_\_

mtorres@callacr.com