



BUILDING JOB SITE CARD

City of Belle Isle

MECHANICAL PERMIT 2017-08-029

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-029

Site Address: 5350 Hawford Circle, 32812

Subdivision:

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

Issue Date: 8/14/17

Parcel Number: 20-23-30-9375-00-540

Class: Residential

Issued To: Heinmiller Heating & Cooling Inc

Name: Heinmiller-Kelly, Cynthia

Payment Date & Method: 8-17 VISA 7892

Business Phone: 407 422 1064

Contractor License #: CAC1813461

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

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

RECEIVED
AUG 03 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: 07/19/2017

PERMIT NUMBER 2017-08-029

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

Project Address 5350 Hawford Circle 5350 Hawford Circle Belle Isle FL 32809 X 32812
Property Owner Rick Romito Phone _____
Property Owner's Mailing Address 5350 Hawford Circle City Belle Isle _____
State FL _____ Zip Code 32812 Parcel Id Number: 20-23-30-9375-00-540

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
- 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 4 4 Total Tons 4
Type of System: Water to Air _____ Chiller _____ Split System X Package _____ Heat Pump _____ Estimated Cost \$ _____

Heating: # of Units KWS Per Unit 10 Total KWS _____ BTU's 34,000 Estimated Cost \$ _____
Oil _____ Electric X Boiler _____ Gas _____

(A) Estimated Cost Fee \$ 7,958.00

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 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 Cynthia Heinmiller-Kelly LICENSE # CAC1813461

LICENSE HOLDER NAME Cynthia Heinmiller-Kelly COMPANY NAME Heinmiller Heating & Cooling, Inc.

Street Address 1001 East Michigan Street

City Orlando State FL Zip Code 32822 Phone Number 407-422-1064

Email Address heinmiller@cfl.rr.com

Building Official: ca Date 8-4-17
Verified Contractor's Licenses & Insurance are on file (initials) Date 8-3-17 25
37 New

Permit Fee \$ 61.-

Review Fee \$ 30.50

3% Florida Surcharge \$ 4.- min

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.

24
61
30.50
paid 8-14-17 VISA 7842

Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: HEINMILLER HEATING & COOLING INC.
1001 E. MICHIGAN ST. ORLANDO, FL 32801



Return to: JANE

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.

- Description of property** (legal description of the property, and street address if available)
5350 HAWFORD CIR. ORLANDO, FL 32812
- General description of improvement**
REPLACE CENTRAL HEAT PUMP SYSTEM
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name RICK ROMITO
Address 5350 HAWFORD CIR ORLANDO, FL 32812
Interest in Property FEE SIMPLE
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name HEINMILLER HEATING & COOLING INC. Telephone Number 407-422-1064
Address 1001 E. MICHIGAN ST ORLANDO, FL 32801
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- 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 _____
- 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 _____
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but 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.

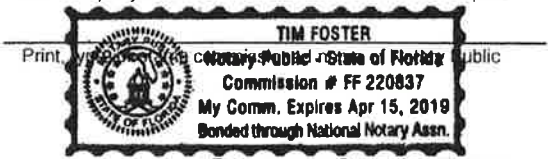
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

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 28th day of JULY 2017 by RICK ROMITO
month/year name of person

as _____ for _____
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Tim Foster
Signature of Notary Public - State of Florida



Personally Known OR Produced ID _____
Type of ID Produced _____

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

LICENSE NUMBER	
CAC1813461	

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

HEINMILLER-KELLY, CYNTHIA
HEINMILLER HEATING & COOLING INC
630 VASSAR STREET
#2503
ORLANDO FL 32804



ISSUED: 08/28/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608280001980

This 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 safety authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1804 CONTR-HEAT/AIR 2016 EXPIRES 9/30/2017 1804-0011463
 \$40.00 20 EMPLOYEE

TOTAL TAX \$40.00
 PREVIOUSLY PAID \$40.00
 TOTAL DUE \$0.00

1001 E MICHIGAN ST
 A - ORLANDO, 32806

PAID: \$40.00 0099-00734956 7/27/2016



HEINMILLER B D
 HEINMILLER HEATING & COOLING I
 HEINMILLER B D
 1001 E MICHIGAN ST
 ORLANDO FL 32806-4704

This receipt is official when validated by the Tax Collector.

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

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 safety authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

3200 RETAIL 2016 EXPIRES 9/30/2017 3200-0030381
 \$30.00 1 EMPLOYEE \$30.00 1 EMPLOYEE

TOTAL TAX \$60.00
 PREVIOUSLY PAID \$60.00
 TOTAL DUE \$0.00

1001 E MICHIGAN ST
 A - ORLANDO, 32806

PAID: \$60.00 0099-00734957 7/27/2016



HEINMILLER B D
 HEINMILLER HEATING & COOLING
 HEINMILLER B D
 1001 E MICHIGAN ST
 ORLANDO FL 32806-4704

CITY OF ORLANDO

ECONOMIC DEVELOPMENT PERMITTING SERVICES

LOCAL BUSINESS TAX RECEIPT

(Formerly known as "Business License," changed per state law HB1269-2006)

Issued Date: 10/01/2016
 Expiration Date: 09/30/2017

Business Name
 HEINMILLER HEATING & COOLING (BSN)
 1001 E MICHIGAN ST
 ORLANDO, FL 32806

Business Type(s):
 CONTRA 1524 CONTRACTOR DBPR



2016-2017

NOTICE—THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Case Number: BUS0022619-003

Business Owner
 HEINMILLER HEATING & COOLING (BUS)
 HEINMILLER HEATING & COOLING

Business Location:
 1001 E Michigan St

Fees:
 Administration Fee 20.00
 2017 Business Tax 316.73
 Total Paid \$336.73

