

## **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: 5 N-17

-17 VISA 7892

Business Phone: 407 422 1064 Contractor License #: CAC1813461

Schedule Inspections via Email at: <u>BIDscheduling@universalengineering.com</u>
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			
	1101		·
ELECTRICAL	INSPECTOR	DATE	COMMENTS
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			
	-		
MECHANICAL	INSPECTOR	<b>DATE</b>	COMMENTS
Above Ceiling			
Rough			
Hood Vent			
Final			
PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			
ROOF	INSPECTOR	DATE	COMMENTS
In-progress			9
Final			

Schedule Inspections via Email at: <u>BIDscheduling@universalengineering.com</u>
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
Inspection of the States Wei INSI Estate State Out Other For How in the States of the States of



Permit has been issued.

City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, 1. 326
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering

## 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

ATTORNET BEFORE RECORDING TOOK NOTICE OF COM	
DATE OF APPLICATION: 07/19/2017	PERMIT NUMBER 2017 - 08-029
PLEASE PRINT. The undersigned hereby applies for a permit to make insta	
Project Address 5350 Hawford Circle 5350 Hawford Circle 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-	please visit http://www.ocpafl.org/Searches/ParcelSearch.aspx
	The state of the s
Class of Building: Old ☑ New ☐ Type of Building: Residential Type of Work: New ☐ Alteration ☑ Addition ☐ Repair ☐	Commercial Other
REQUIRED: Tie Down Engineering	
<ul> <li>REQUIRED: if adding A/C to new space, provide Energy Calculations &amp; Equ</li> <li>REQUIRED: if replacing unit with no duct work, Duct Certification as per FB</li> </ul>	, -
	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 Total Tons _ 4 Type of System: Water to Air Chiller Split System _ X _ Package	Heat Pump Estimated Cost \$
Heating: # of Units KWS Per Unit	Estimated Cost \$
3.00.00	(A) Estimated Cost Fee \$7,958.00
Fees for items below are based on valuation of all units, equipment, materials an Ventilation:	d labor supplied by owner or contractor.
(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 same is granted I agree to conform to all Florida Building Code Regulations and City	
submitted. The issuance of this permit does not grant permission to violate any app	
12 W W 0	
LICENSE HOLDER SIGNATURE CINTAL Have Kelf	LICENSE #_CAC1813461
LICENSE HOLDER NAME Cynthia Heinmiller-Kelly COM	MPANY NAME Heinmiller Heating & Cooling, Inc.
Street Address 1001 East Michigan Street	
City Orlando State FL Zip Code 32th	Phone Number <u>407-422-1064</u>
Email Address_heinmiller@cfl.rr.com	
	Barris 5-1
Building Official: Date 8-4-1	Permit Fee \$
Building Official.	Review Fee \$ 30.50
Verified Contractor's Licenses & Insurance are on file Date	-3-1 3% Florida Surcharge \$
3.7	Total Permit Fee \$ 950
37	55
NOTE: The Building Permit Number is required if the Mechanical Installation is as:	sociated with any construction or alteration where a Building

	DOC# 20170423630 07/31/2017 02:57:56 PM Page 1 of 1 Rec Fee: \$10.00
Permit Number:	Phil Diamond, Comptroller
Prepared by: HEINMILLER HEATING & COO-ING IN	Orange County, FL MB - Ret To: HEINMILLER HEATING & C
1001 E MICHIBAN ST. ORLANDO FL 32 GOL	HILL BUILD-BORN BORN LINE (BANK) BUILDING
Return to:	MANINI MILITANI PARA PERINTANA PERINTANA PERINTANA PERINTANA PERINTANA PERINTANA PERINTANA PERINTANA PERINTANA
NOTICE OF COMMEN	CEMENT
State of Florida, County of Orange	CEMIENI
The undersigned hereby gives notice that improvement will be ma	
with Chapter 713, Florida Statutes, the following information is pro	
1. Description of property (legal description of the property, and 5350 HAWFORD CIR. ORLAND)	
2. General description of improvement	
- REPLACE CENTRAL HEAT PUMP 5457	
3. Owner information or Lessee information if the Lessee com	itracted for the improvement
Address 5350 HANGORD CIR ORLANDO, FO	32612
Interest in Property FEE SIMPLE	
Name and address of fee simple titleholder (if different from	n Owner listed above)
NameAddress	
4. Contractor	
Name HETNMILLER HTE 3 COULING INC.	Telephone Number 407-422-1064
Address 1001 E. MICHIGAN ST ORLANDO  5. Surety (if applicable, a copy of the payment bond is attached)	FL 31806
Name	Telephone Number
Address	Amount of Bond \$
6. Lender	methodic and processing.
NameAddress	Telephone Number
7. Persons within the State of Florida designated by Owner u	pon whom notices or other documents may
be served as provided by §713.13(1)(a)7, Florida Statutes.	
Name	Telephone Number
Address 8. In addition to himself or herself, Owner designates the following the second secon	lowing to receive a copy of the Lienor's
Notice as provided in §713.13(1)(b), Florida Statutes.	
Name	Telephone Number
9. Expiration date of notice of commencement (the expiration	data may get be before the completion of
construction and final payment to the contractor, but will be 1 y	
different date is specified)	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE	EVOID ATION OF THE NOTICE OF COMMENCEMENT
ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SI	ECTION 713.13, FLORIDA STATUTES, AND CAN
RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERT RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.	
WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR	
Under penalty of parity of dealers that I have read the forest	
Under penalty of perjury, I declare that I have read the foregoing facts stated in it are true to the best of my knowledge and beli-	
VIV 6	•
Since the second	
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/F	3 7
The foregoing instrument was acknowledged before me this	day of July by RICK ROMITO
	month/year name of person
asforfor	ne of party on behalf of whom instrument was executed
The Tim Foster	-
Signature of Notary Public – State of Florida Print	TIM FOSTER
	Commission # FF 220837
Personally Known OR Produced ID	My Cornw. Expires Apr 15, 2019 Bonded through National Notary Assn.
Type of ID Produced	Form Revised: September 26, 2011
	Trevised, Depterfluer 20, 2011

COOL

SCRAIG

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/24/2017

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 liquid found and responsible.

t!	r SUBROGATION IS WAIVED, subject his certificate does not confer rights to	o the	cert	terms and conditions of ificate holder in lieu of su	tne po	ııcy, certain   lorsement(s)	policies may	require an endorseme	nt. A Si	atement on
PRODUCER				CONTACT NAME:						
	b International Southeast 60 Orange Avenue				PHONE (A/C, No, Ext): (407) 894-5431 FAX (A/C, No): (407) 629-6378					
Sui	te 750				E-MAIL ADDRE					
Wir	nter Park, FL 32789					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER A: Westfield Insurance Company				24112	
INS	URED				INSURER B : Associated Industries Insurance Company, Inc.					23140
	Heinmiller Heating & Cooling	g, Ind	c.		INSURER C:					
	1001 E. Michigan Avenue Orlando, FL 32806				INSURER 0:					
	5.1a.125, 1 2 52555				INSURE					
_					INSURE	RF:				
				E NUMBER:	LIAVE D	EEN ICCUED 3		REVISION NUMBER:	THE DO	IOV PEDIOD
	'HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R									
	ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJECT	TO ALL	THE TERMS,
INSR					DEEN		POLICY EXP (MM/DD/YYYY)	LIMI	TE	
A		ADDL SU INSD W		FOLICT HOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			TRA3181406		05/01/2017	05/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000
								MED EXP (Any one person)	s	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	s	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO	TRA3181406		TRA3181406	05/01/2017	05/01/2018	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
			_						\$	4 000 000
Α	X UMBRELLA LIAB X OCCUR			TDA 2494406		05/01/2017	05/04/2049	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE			TRA3181406		03/01/2017	05/01/2018	AGGREGATE	\$	1,000,000
В	DED 12 RETENTION \$					X PER OTH-		\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AWC1076117	01/01/2017	THORSE TOTAL CONTROL OF THE PARTY OF THE PAR			100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			0.000,2011		E.L. EACH ACCIDENT	\$	100,000
								E.L. DISEASE - EA EMPLOYEE	\$	500,000
_	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	2	
DES	COURTION OF OPERATIONS / LOCATIONS / VEHICL	F9 //	COPE	101 Additional Pemarks Schedu	le may b	a attached if mor	a enace le requir	ed)		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ACORE	101, Additional Remarks Schedu	ie, may b	e attached if mor	e space is requir	ed)		
CF	RTIFICATE HOLDER				CANC	ELLATION				
VERTILIONIE HOLDER					0.1110					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	City of Belle Isle							Y PROVISIONS.	DE DE	FIACKED IN
1600 Nela Avenue Belle Isle, FL 32809										
				AUTHORIZED REPRESENTATIVE						
				Deff	m Rful					
						1 100 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -				

### STATE OF FLORIDA

# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

#### LICENSE NUMBER

CAC1813461

The CLASS BAIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Linder the provisions of Chapter 489 FS

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

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

CONTR-HEAT/AIR 1804

\$40,00

2016

9/30/2017

1804-0011463

**TOTAL TAX** PREVIOUSLY PAID TOTAL DUE

\$40.00 \$0.00

1001 E MICHIGAN ST A - ORLANDO, 32806

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



This receipt is official when validated by the Tax Collector.

**EXPIRES** 

## cott Randolph, Tax Collector

Orange County, Floric Local Business Tax Receipt

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

2016

9/30/2017

3200-0030381

3200 RETAIL

\$30,00

**BUSINESS OFFICE** 

\$30.00

EMPLOYEE :

**TOTAL TAX** PREVIOUSLY PAID TOTAL DUE

\$60.00 \$60.00 \$0.00

1001 E MICHIGAN ST A - ORLANDO, 32806

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



2016-2017

# ITY OF

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

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.

ase Number

BUS0022619-003

IG & COOLING (BUS HEINMILLER HEATING & COOLING

Business Location:

1001 E Michigan S

dministration Fee 2017 Business

