



BUILDING JOB SITE CARD

City of Belle Isle

MECHANICAL PERMIT 2017-08-111

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-111
Site Address: 6300 Hansel Ave, 32809
Subdivision:
Description of Work: 20 ton change out no ductwork

Issue Date: 8/18/17
Parcel Number: 24-23-29-3400-00-094
Class: Commercial

Issued To: Arctic Cool Inc
Name: Eads, Christopher
Payment Date & Method: 8.28.17 check 5870

Business Phone: 407 831 9985
Contractor License #: CAC057241

Schedule Inspections via Email at: BD scheduling@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 | | | |

Inspection requests are to be emailed to BI DScheduling@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 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

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: 8-14-17

PERMIT NUMBER 2017-08-111

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

Project Address 6300 Hansel Ave BoFA, Belle Isle FL 32809 32812
Property Owner Norb Bank of America Phone _____
Property Owner's Mailing Address 101 N Tryon St City Charlotte
State NC Zip Code 28246 Parcel Id Number: 24-23-29-3400-00-094

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 20 Total Tons 20 Estimated Cost \$ 23,230⁰⁰
Type of System: Water to Air _____ Chiller _____ Split System Package _____ Heat Pump _____

Heating: # of Units KWS Per Unit 20 Total KWS 20 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 \$ _____

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 Chris Evers LICENSE # CAC057241

LICENSE HOLDER NAME Christopher A Evers COMPANY NAME Arctic Cool Inc.

Street Address 1040 Miller Dr

City Altamonte Springs State FL Zip Code 32701 Phone Number 407 831 9985

Email Address OFFICE@ACICFL.COM

Building Official: CC Date 8-21-17
Verified Contractor's Licenses & Insurance are on file QW Date 8-18-17

| | | |
|-------------------------|----|---------------|
| Permit Fee | \$ | <u>255</u> |
| Review Fee | \$ | <u>127.50</u> |
| 2.5 % Florida Surcharge | \$ | <u>9.57</u> |
| Total Permit Fee | \$ | <u>392.07</u> |

Check 5870 8.28.17

NOG ✓

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 _____

19% 3.83 15% 5.74



COBI Permit Fee Calculation Form



Reviewer Signature: [Signature]

Date: 8.22-17

Permit Type: mechanical Job Cost: \$ 20 tons

Permit Fee: \$ 255

Plans Review Fee: \$ 127.50 (50% of permit fee – excluding ReRoofs)

1.0% State Fee: \$ 3.83

1.5% State Fee: \$ 5.74

TOTAL BUILDING FEE: \$ 392.07 (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

first 10 tons
10 x 10 more tons

$$\begin{array}{r}
 155 \\
 100 \\
 \hline
 255 \div 2 \\
 127.50 \\
 \hline
 382.50
 \end{array}$$

Permit Number: 2017 08 111
 Folio/Parcel Identification Number: _____
 Prepared by: _____

 Return to: _____



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.

1. **Description of property** (legal description of the property, and street address if available)
24-23-29-3400-00-094 6300 Hansel Ave Orlando, Fl 32809
2. **General description of improvement**
HVAC changeout. 20 ton split system
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Ncnb National Bank Of Florida Bank Of America
 Address C/O Bank Of America Nc01-001-03-81 101 N Tryon St Charlotte, NC 28246-0100
 Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
 Name N/A
 Address N/A
4. **Contractor**
 Name Arctic Cool Inc. Telephone Number 407-831-9985
 Address 1040 Miller Dr. Altamonte Springs FL, 32701
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name N/A Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name N/A Telephone Number _____
 Address _____
7. **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 _____
8. **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 _____
9. **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) _____



State of Florida, County of Orange
 I hereby certify that this is a true copy of the document as reflected in the Official Records
 Phil Diamond, Comptroller
 BY: [Signature]
 DATED: 8/16/17 P.C.

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: [Signature] **Senior Project Manager**
 Signature's Title/Office

The foregoing instrument was acknowledged before me this 14th day of August by Thomas Jordan
 month/year name of person
 as Senior Project Manager for JLL / Bank of America
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida: [Signature]
 Print, type, or stamp commissioned name of Notary Public: Nora K. Hennig

Personally Known _____ OR Produced ID X
 Type of ID Produced FL Drivers License

State of Florida, County of Duval





PROJECT NAME: TRANE ODYSSEY ROOFTOP AIR CONDITIONERS
 WIND LOAD COMPLIANCE PER 2014 FBC

DATE: 1/13/2015

TO: BETH BRADY
 PRODUCT DEVELOPMENT PLANNER
 TRANE COMMERCIAL SYSTEMS

**RE: ODYSSEY PACKAGED AIR CONDITIONERS - 2014 FLORIDA BUILDING CODE WIND LOAD
 CALCULATIONS FOR ROOFTOP INSTALLATIONS**

Mrs. Braddy,

Per your request, we have analyzed the ODYSSEY line of packaged rooftop air conditioners. Our analysis was performed in accordance with the 2014 Florida Building Code using the following Wind Design Criteria:

- Ultimate Wind Speed = 186 miles per hour
- Risk Categories = III and IV
- Wind Exposures = C and D
- Mean roof heights of up to 60 feet above ground

As a result, we have concluded that additional screws will be required for the VOYAGER2 line of units. These screws may be field installed and their locations are as shown on pages 4 thru 7. All additional screws shall be #10 x 1/2" long self-drilling stainless steel sheet metal screws.

The number of additional screws are based on the cabinet size and are as follows:

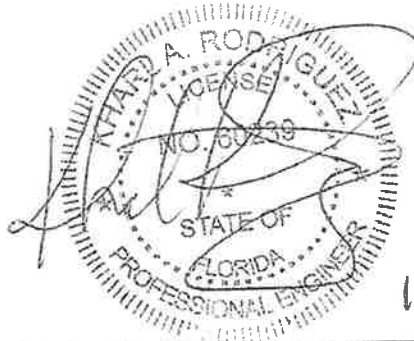
- Cabinet "B" – 14 additional screws required
- Cabinet "C" – 25 additional screws required

We have included a list of the ODYSSEY model numbers analyzed and their respective cabinet size on page 3.

Please note that our analysis and results pertain only to the units themselves and their ability to maintain structural and panel integrity under severe wind events. The attachment of the units to the building structure and the adequacy of the underlying building structure are not our responsibility and shall be determined by others (i.e. building engineer of record or third party engineer).



If there are any questions please feel free to contact me.



1/13/16

Kharl A. Rodriguez, PE
Florida PE# 60239

DESIGN

INVESTIGATE

INSPECT

2333 TUSCARORA TRAIL, MAITLAND, FLORIDA 32751
DIRECT: 407-227-7416
WWW.PREMIER-STRUCTURAL.COM

| Cooling Condenser (60 hz) | Size (Tons) | Cabinet | Weight (lbs) |
|---------------------------|-------------|---------|--------------|
| TWA073(A/D) | 6 | A | 328 |
| TWA073H | 6 | B1 | |
| TWA090(A/D) | 7.5 | A | 340 |
| TWA090H | 7.5 | B1 | 438 |
| TWA120(A/D) | 10 | B2 | 467 |
| TWA120H | 10 | B2 | 460 |
| TTA180(B/E) | 15 | C1 | 765 |
| TTA240(B/E) | 20 | C1 | 848 |

| Cooling Condenser (50 hz) | Size (Tons) | Cabinet | Weight (lbs) |
|---------------------------|-------------|---------|--------------|
| TWA061(A/D) | 6 | A | 328 |
| TWA061H | 6 | B1 | |
| TWA076(A/D) | 7.5 | A | 340 |
| TWA076H | 7.5 | B1 | 438 |
| TWA101(A/D) | 10 | B2 | 467 |
| TWA101H | 10 | B2 | 460 |
| TTA156(B/E) | 15 | C1 | 765 |
| TTA201(B/E) | 20 | C1 | 848 |

TRANE ODYSSEY - ROOFTOP AIR CONDITIONERS
Wind Load Compliance per 2014 FBC

PREMIER STRUCTURAL ENGINEERING CA#29113

REV

SHEET
1 OF 2

ODYS_FWLC

ODYS_BCAB_FWLC.ASM

TRANE

THIS DRAWING IS PRELIMINARY AND SHALL NOT BE COPIED, DULTS,
CONTENTS DISCLOSED TO ANY OTHER PARTY WITHOUT THE WRITTEN
CONSENT OF TRANE

C. TRANE DATE: 05-JAN-2015

TRANE ARS/SALE PRODUCTION

DRAWN BY: B3000CH

DO NOT SCALE PRINT

UNLESS OTHERWISE SPECIFIED ALL
DIMENSIONS ARE IN INCHES.
TOLERANCE

X .02

.XX

.XXX

FINISH

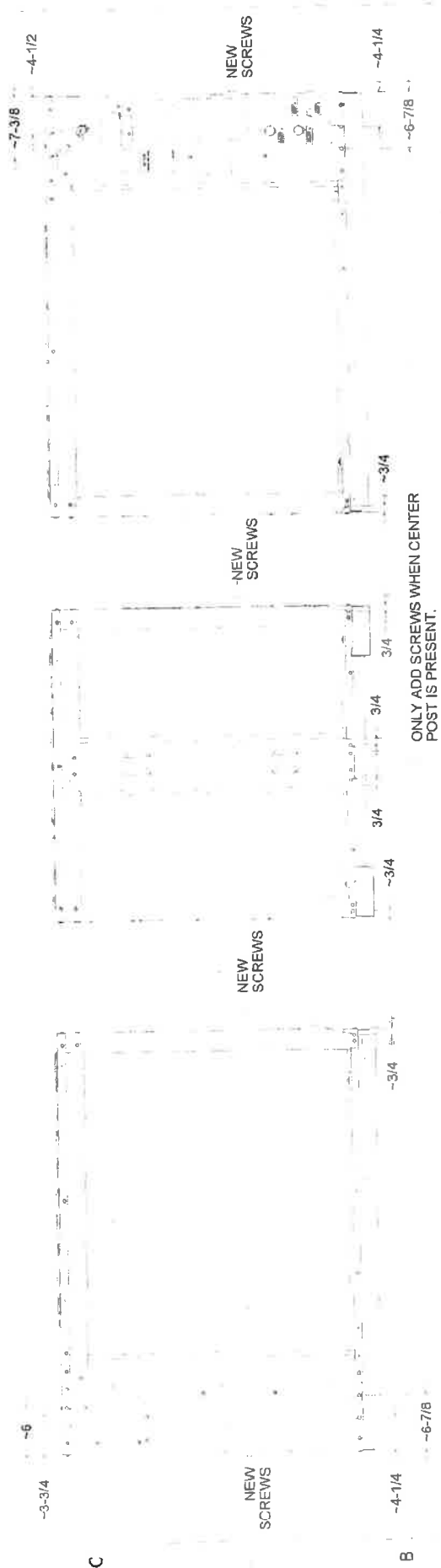
ANGLES -- HOLE DIA = *
CONFORMS TO ASME Y14.5M-1994.

NOTES:

PER 2014 FLORIDA BUILDING CODE FOR WIND LOAD COMPLIANCE
INSTALL SCREWS AS SHOWN.

1. USE #10 X 1/2" SELF-DRILLING STAINLESS STEEL SHEET METAL SCREWS
2. INSTALL 12 SCREWS/14 SCREWS IF CENTER POST IS AVAILABLE) ALIGNED WITH EXISTING SCREWS VERTICALLY AND LOCATED HORIZONTALLY BY DIMENSIONS BELOW.
3. CHECK AND VALIDATE WIRES AND/OR PIPING HAS NOT BEEN ADDED OR REROUTED TO LOCATION BEHIND THESE NEW SCREWS.

TRANE ODYSSEY - ROOFTOP AIR CONDITIONERS PREMIER STRUCTURAL ENGINEERING CA#29113
 Wind Load Compliance per 2014 FBC



B CABINET

TRANE

THIS DRAWING IS PROPERTY OF TRANE AND SHALL NOT BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN CONSENT OF TRANE

C. TRANE DATE 05-JAN-2016

THIRD ANGLE PROJECTION

DRAWN BY SGOOCH

DO NOT SCALE PRINT

UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES. TOLERANCE:

X = -0.2

XX =

XXX =

FINISH

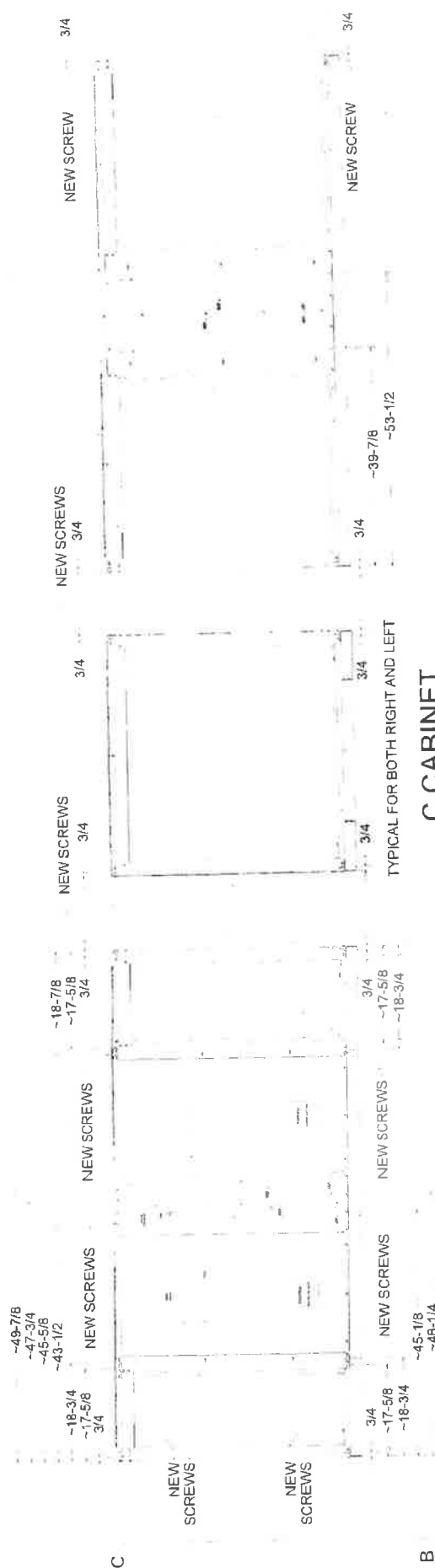
HOLE DIA = +

ANGLES = CONFORMS TO ASME Y14.5M-1994.

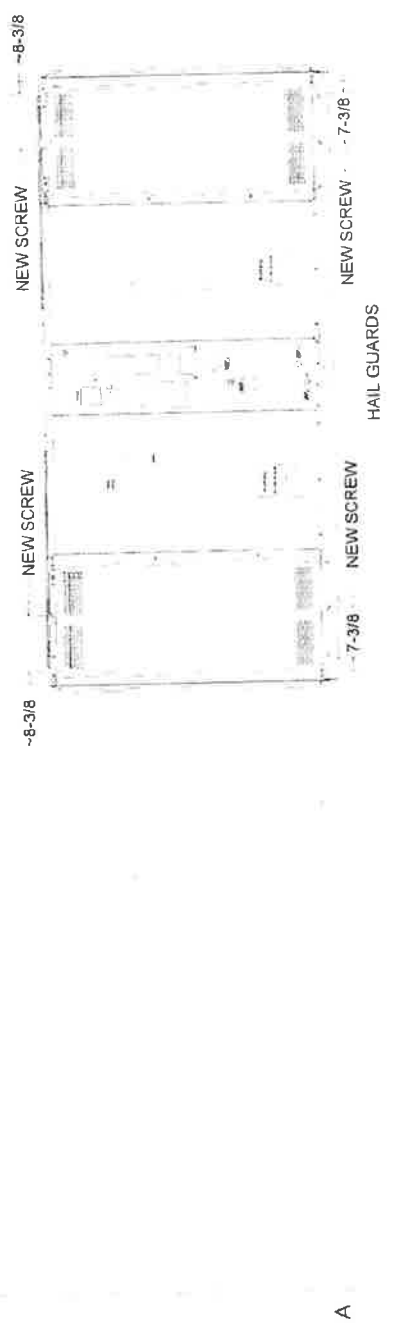
NOTES:
PER 2014 FLORIDA BUILDING CODE FOR WIND LOAD COMPLIANCE
INSTALL SCREWS AS SHOWN.

- 1. USE #10 X 1/2" SELF-DRILLING STAINLESS STEEL SHEET METAL SCREWS
- 2. INSTALL 32 SCREWS ALIGNED WITH EXISTING SCREWS VERTICALLY AND LOCATED HORIZONTALLY BY DIMENSIONS BELOW.
- 3. FOR HAIL GUARDS ADD 4 TOTAL SCREWS AS SHOWN. INSTALL SCREWS ALIGNED WITH EXISTING SCREWS VERTICALLY AND LOCATED HORIZONTALLY BY DIMENSIONS BELOW.
- 4. CHECK AND VALIDATE WIRES AND/OR PIPING HAS NOT BEEN ADDED OR REROUTED TO LOCATION BEHIND THESE NEW SCREWS.

TRANE ODYSSEY - ROOFTOP AIR CONDITIONERS PREMIER STRUCTURAL ENGINEERING CA#29113
 Wind Load Compliance per 2014 FBC



C CABINET



RICK SCOTT, GOVERNOR

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

KEN LAWSON, SECRETARY

| LICENSE NUMBER |
|----------------|
| CAC057241 |

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

EADS, CHRISTOPHER ALLEN
ARCTIC COOL INC
336 NELSON AVENUE
LONGWOOD FL 32750

ISSUED: 07/31/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607310002435



SEMINOLE COUNTY BUSINESS TAX RECEIPT

SEMINOLE COUNTY BUSINESS TAX RECEIPT
FOR THE YEAR ENDED 06/30/16
TAXPAYER: ARCTIC COOL INC
ADDRESS: 336 NELSON AVENUE
LONGWOOD, FL 32750
PHONE: 407-965-1000
FAX: 407-965-1000

VALID THROUGH 09/30/17

Account #: 072213

CHRISTOPHER EADS
336 NELSON AVE
LONGWOOD, FL 32750
CHRISTOPHER A EADS (PRES)

REGULATED
License # - CAC057241
Qualifier - CHRISTOPHER A EADS

Receipt #: YLEB#2016080813014

Amount Paid: \$ 45.00

Date Paid: 08/08/2016





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2017

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 Sihle Insurance Group, Inc. 1021 Douglas Ave. Altamonte Springs FL 32714 | CONTACT NAME: PHONE (A/C, No, Ext): 407-869-0962 E-MAIL: info@sihle.com ADDRESS: | FAX (A/C, No): 407-774-0936 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| INSURED Arctic Cool Inc. 1040 Miller Drive Altamonte Springs FL 32701 | ARCTCOO-01 | |

COVERAGES **CERTIFICATE NUMBER: 1172319999** **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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CWP3813994 | 12/31/2016 | 12/31/2017 | EACH OCCURRENCE | \$1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$150,000 |
| | | | | | | | MED EXP (Any one person) | \$1,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 | | | | | | PER STATUTE | OTHER |
| | | | | | | | 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

City of Belle Isle
 1600 Nela Ave
 Bell 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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/15/2017

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 Hylant - Orlando 250 International Parkway #330 Lake Mary FL 32746 | CONTACT NAME: PHONE (A/C, No, Ext): 407-215-2216 FAX (A/C, No): 407-740-5522 E-MAIL ADDRESS: Rachel.Dobbs@hylant.com | | | | | | | | | | | | | | |
|---|---|-------------------------------|--------|--------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURED Arctic Cool, Inc. 1040 Miller Drive Altamonte Springs FL 32701 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Zenith Insurance Company</td> <td style="text-align: center;">13269</td> </tr> <tr> <td>INSURER B :</td> <td></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> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Zenith Insurance Company | 13269 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Zenith Insurance Company | 13269 | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER: 699458176** **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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | Z126419404 | 12/31/2016 | 12/31/2017 | <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)

| | |
|---|--|
| CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave 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 |
|---|--|



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6300 Hansel Ave < 24-23-29-3400-00-094 >

Name:
Ncnb National Bank Of Florida

Parent/Owner:
Bank Of America

Address:
C/O Bank Of America Nc01-001-03-81
Attn: Corp Real Estate Assessments
101 N Tryon St
Charlotte, NC 28246-0100

Is this a Mailing Address?

Physical Street Address:
6300 Hansel Ave

Physical City and Zipcode:
Orlando, FL 32809

Property Use:
2300 - Financial Bldg/Bank

Neighborhood:
Belle Isle



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2017 values will be available in August of 2017.

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Property Description

SUB OF HARNEY HOMESTEAD C/53 THE W 254.28 FT OF LOT 9 (LESS RD R/W ON WEST PER ORB 779/14) & (LESS RD R/W ON N & S)

Total Land Area 50,510 sqft (+/-) | 1.16 acres (+/-) GIS Calculated Notice

Land

| Land Use Code | Zoning | Land Units | Unit Price | Land Value | Class Unit Price | Class Value |
|----------------------------|--------|----------------------|------------|------------|------------------|-------------|
| 2300 - Financial Bldg/Bank | C-1 | 50510.58 SQUARE FEET | working... | working... | working... | working... |

Page 1 of 1 (1 total records)

Buildings

| Important Information | | Structure | | | |
|----------------------------|----------------------------|---------------------------|------|-----------------------|------------------------------|
| Model Code: | 04 - Commercial | Actual Year Built: | 1970 | Gross Area: | 7518 sqft |
| Type Code: | 2300 - Financial Bldg/Bank | Beds: | 0 | Living Area: | 5842 sqft |
| Building Value: | working... | Baths: | 0.0 | Exterior Wall: | Concrete Block Stucco |
| Estimated New Cost: | working... | Floors: | 1 | Interior Wall: | Decorative Wall Construction |

Page 1 of 1 (1 total records)

Extra Features

| Description | Date Built | Units | XFOB Value |
|-----------------------------|------------|-------------------|------------|
| PKSP - Parking Space | 01/01/1970 | 37 Unit(s) | working... |
| PVAS - Pav Asph | 01/01/1970 | 10195 Square Feet | working... |
| OSB1 - Standard Opn Stg Bin | 12/31/2016 | 1 Unit(s) | working... |

Page 1 of 1 (3 total records)

This Data Printed on 08/11/2017 and System Data Last Refreshed on 08/10/2017