

#### **BUILDING JOB SITE CARD**

## City of Belle Isle

## **MECHANICAL PERMIT 2017-08-072**

#### PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-072

Site Address: 7244 Lake Dr, 32809

Subdivision:

Description of Work: One 3-ton change out no ductwork

Issue Date: 8/11/17

Parcel Number: 25-23-29-5884-15-270

Class: Residential

Issued To: Heinmiller Heating & Cooling Inc

Name: Bird, Richard

Payment Date & Method: 8-1417 VISA 7892

Contra

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			4 II II II
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	<b>DATE</b>	COMMENTS
Rough Gas	- 11		
Final Gas			
<del>!</del>			
ELECTRICAL	INSPECTOR	DATE	COMMENTS
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final	ie i		
MECHANICAL	<b>INSPECTOR</b>	DATE	COMMENTS
Above Ceiling			
Rough			· /
Hood Vent			
Final			
	-		
	-!-		
PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			
			· <u> </u>
ROOF	<b>INSPECTOR</b>	DATE	COMMENTS
In-progress			
Final			

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Inspection Resissivi in the Secon Out of the Following in the Secon Out of t



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, Fig. 8811
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universal pineering.com 2017

APPLICATION FOR MECHANICAL PERMIT

FOR IMPROVEMENTS TO YOUR PROPERTY. 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: 08/09/2017 PERM	IIT NUMBER 2017-08-072
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as i	indicated below:
Property Owner Richard Bird  Property Owner's Mailing Address 7244 Lake Drive  State FL Zip Code 32809 Parcel Id Number: 25-23-29-5884-16	City Belle Isle
Class of Building: Old 🖸 New 🔲 Type of Building: Residential 🗹 Comm	mercial Other 🗖
<ul> <li>REQUIRED: Tie Down Engineering</li> <li>REQUIRED: if adding A/C to new space, provide Energy Calculations &amp; Equipment Siz</li> <li>REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, n</li> </ul>	_
Please indicate the nature of work by completing the information below:	
Air Conditioning: # of Units1Tons Per Unit3Total Tons3 Type of System: Water to AirChiller Split System Package Heat Pump	Estimated Cost \$
Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's 34,000	Estimated Cost \$
Fees for items below are based on valuation of all units, equipment, materials and labor sup	(A) Estimated Cost Fee \$ 7,325,00
Ventilation:         (Number of) Grease       Heat       Hoods, Air Intakes       Exhaust Fans       Drye	er 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 I hereby certify that the above is true and correct to the best of my knowledge and make same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances submitted. The issuance of this permit does not grant permission to violate any applicable Town	regulating same and in accordance with plans nand/or State of Florida codes and/or ordinances.
LICENSE HOLDER SIGNATURE CANTAL Hemel Kell	LICENSE #_ CAC1813461
LICENSE HOLDER NAME Cynthia Heinmiller Kelly COMPANY NA	ME Heinmiller Heating & Cooling, Inc.
Street Address1001 East Michigan Street	
City Orlando State FL Zip Code 32806	Phone Number 407-422-1064
Email Address heinmiller@cfl.rr.com	
Building Official:	Permit Fee \$ 55.5  Review Fee \$ 27.50  Florida Surcharge \$ 4.00 w  Total Permit Fee \$

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 \_\_\_\_\_\_

paid 8-147 Visa 7892

SCRAIG



#### CERTIFICATE OF LIABILITY INSURANCE

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.

H	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
lf.	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjenis certificate does not confer rights to	ct to	the	terms and conditions of t ificate holder in lieu of suc	he po	licy, certain lorsement(s)	policies may			
PRO	PRODUCER				CONTA NAME:	СТ				
	International Southeast 0 Orange Avenue				PHONE (A/C. No	o, Ext): (407) 8	394-5431	FAX (A/C, No):	(407)	629-6378
Suit	te 750				E-MAIL ADDRESS:					
Win	ter Park, FL 32789									NAIC#
				INSURE	RA: Westfie	ld Insurance	ce Company		24112	
INSU					INSURER B : Associated Industries Insurance Company, Inc.				23140	
Heinmiller Heating & Cooling, Inc.			INSURE	RC:						
	1001 E. Michigan Avenue	<b>3</b> ,			INSURE	RD:				
	Orlando, FL 32806				INSURE	RE:				
					INSURE					
co	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER:		
C E	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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
Α	X COMMERCIAL GENERAL LIABILITY	Medical				14111100111111	Dinis Sol I I I I I	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR			TRA3181406		05/01/2017	05/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000
				2.				MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	X ANY AUTO			TRA3181406		05/01/2017	05/01/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	S	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s	
	AUTOS GINET							() Graderiti	s	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	1,000,000
	EXCESS LIAB CLAIMS-MADE			TRA3181406		05/01/2017	05/01/2018	AGGREGATE	\$	1,000,000
	DED X RETENTIONS 0							AGGILLANE	s	
В	WORKERS COMPENSATION							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			AWC1076117	01/01/2017	01/01/2018	E.L. EACH ACCIDENT	\$	100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	_	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000
	SESSITI NOTO: SEEKATIONS SEIOW							L.L. DISEASE - POLICY LIMIT	J	
					- 1					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
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.
Delic 1316, 1 L 32003	AUTHORIZED REPRESENTATIVE
	John R. Jul

# 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

Orange County, Florida **Local Business Tax Receipt** Scott Randolph, Tax Collector This local outliness 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 other awful authorities. This receipt is valid from October 1 through September 30 of receipt year. DelInquent penalty is added October 1. 9/30/2017 1804-0011463 **EXPIRES** 2016 1804 CONTR-HEAT/AIR \$40.00 20 EMPLOYER DOLPH, TAP 900 TOTAL TAX HEIMMILLER B D PREVIOUSLY PAID \$40.00 TOTAL DUE \$0.00 NENMILLER HEATING & COOLING EINMILLER B D 1001 E MICHIGAN ST 1001 E MICHIGAN ST ORLANDO FL 32806-4704 A - ORLANDO, 32806 PAID: \$40.00 0099-00734956 7/27/2016 This receipt is official when validated by the Tax Collector. 112/12010 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 other awful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1. **EXPIRES** 9/30/2017 2016 3200-0030381 3200 RETAIL \$30.00 BUSINESS OFFICE \$30.00 1 EMPLOYEE | SCOT **TOTAL TAX** \$60.00 PREVIOUSLY PAID \$60.00 HEINMILLER B D TOTAL DUE \$0.00 HEINMILLER HEATING & COOLING EINMILLER B D 1001 E MICHIGAN ST 1001 E MICHIGAN ST COUNTY A - ORLANDO, 32806 ORLANDO FL 32806-4704 PAID: \$60.00 0099-00734957 7/27/2016 2016-2017 NOTICE-THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE ITY OF ( )RLANDO ECONOMIC DEVELOPMENT



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.

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

PERMITTING SERVICES

**Business Name** 

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

Business Type(s):

CONTRA 1524 CONTRACTOR DBPR

BUS0022619-003 Case Number:

**Business Owner** 

HEINMILLER HEATING & COOLING (BUS) HEINMILLER HEATING & COOLING

Business Location:

1001 E Michigan S

Administration Fee 2017 Business