



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

<p><b>Scope of Work:</b> MECHANICAL: AC/Heat unit + exhaust fans &amp; dryer vent</p> <p><b>Comments:</b> Bldg 12</p> <p><b>Project Information</b>        Address: Lot 48 – 3569 Brighton Park Circle, Belle Isle, FL 32812        Parcel ID: 29-23-30-0906-00-480        Property Owner: Mattamy Orlando LLC        Phone Number: 407 599 2228        *****        Company Name: One Stop Cooling &amp; Heating LLC        Contractor Name: Stine, Kevin        License Number: CAC032444        Address: 7225 Sands Cove Ct, Winter Park, FL 32792        Phone Number: 407 975 2743 or 321 282 3514</p>	<p style="text-align: right;"><b>Permit Number: 2017-08-099</b></p> <p style="text-align: right;">Date of Application: <u>08/16/2017</u>        Date Permit Issued: <u>08/17/2017</u></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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## BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$        School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$        Boat House \$        Building \$        Demo \$        Door(s) \$        Driveway \$        Electrical \$        Fence \$        Gas \$        Irrigation \$        Low Voltage \$        Mechanical \$165.00        Plumbing \$        Pool \$        Roofing \$        Screen Encl \$        Shed \$        Temp Pole \$        Window(s) \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00        Surcharge Fee \$2.48</p> <p style="text-align: center;"><b>TOTAL FEES \$169.48</b></p> <p><b>Date Paid</b> <u>8-18-17</u>  <b>CC or Check #</b> <u>115A 5092</u>  <b>Amount Paid</b> <u>169.48</u></p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:        Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)        Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b>    <b>OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/> _____</p> <p>1<sup>ST</sup> _____ (Underground)                      2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)                      4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS ___ Natural ___ LP    <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)                      2<sup>nd</sup> _____ (Final)</p>
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Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@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.



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## APPLICATION FOR MECHANICAL PERMIT 2017

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: 8/16/17 Bldg 12 Lot 48 PERMIT NUMBER 2017-08-099  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3569 Brighton Park Circle (48), Belle Isle FL 32809 & 32812  
Property Owner Mattamy Homes Phone \_\_\_\_\_  
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando  
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0000-00-480  
REQUIRED! To obtain this information, please visit <http://www.ocpafi.org/Searches/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
Type of Work: New  Alteration  Addition  Repair

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.5 Total Tons 2.5 Estimated Cost \$ 4989  
Type of System: Water to Air \_\_\_\_\_ Chiller \_\_\_\_\_ Split System  Package \_\_\_\_\_ Heat Pump \_\_\_\_\_

Heating: # of Units KWS Per Unit 1 Total KWS 5 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 3 Dryer Vents 1 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 \_\_\_\_\_ LICENSE # CAC 032444

LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling and Heating

Street Address 7225 Sandscove Court

City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762

Email Address adlyn.rodriguez@onestopcooling.com

Building Official: Dale Baker Date 8-17-17  
Verified Contractor's Licenses & Insurance are on file (initials) Date 8-17-17

Permit Fee \$ 110.-  
Review Fee \$ 55.-  
1% BCAIB Fee \$ 2.-  
1.5% DCA Fee \$ 2.48  
Total Permit Fee \$ 169.48

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 2017-01-067



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**Scope of Work:** MECHANICAL: AC/Heat unit + exhaust fans & dryer vent  
**Comments:** Bldg 12  
**Project Information**  
**Address:** Lot 49 – 3573 Brighton Park Circle, Belle Isle, FL 32812  
**Parcel ID:** 29-23-30-0906-00-490  
**Property Owner:** Mattamy Orlando LLC  
**Phone Number:** 407 599 2228  
 \*\*\*\*\*  
**Company Name:** One Stop Cooling & Heating LLC  
**Contractor Name:** Stine, Kevin  
**License Number:** CAC032444  
**Address:** 7225 Sands Cove Ct, Winter Park, FL 32792  
**Phone Number:** 407 975 2743 or 321 282 3514

**Permit Number: 2017-08-100**  
**Date of Application: 08/16/2017**  
**Date Permit Issued: 08/17/2017**  
**WARNING TO OWNER:** "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

### BUILDING FEATURES

IMPACT FEES	
Traffic	\$
School	\$
ZONING FEES	
Zoning Fee	\$
UNIVERSAL ENG - BUILDING FEES	
Boat Dock	\$
Boat House	\$
Building	\$
Demo	\$
Door(s)	\$
Driveway	\$
Electrical	\$
Fence	\$
Gas	\$
Irrigation	\$
Low Voltage	\$
Mechanical	\$165.00
Plumbing	\$
Pool	\$
Roofing	\$
Screen Encl	\$
Shed	\$
Temp Pole	\$
Window(s)	\$

SURCHARGE FEES	
Surcharge Fee	\$2.00
Surcharge Fee	\$2.48

**TOTAL FEES \$169.48**

**Date Paid** 8-18-17  
**CC or Check #** NISA 5290  
**Amount Paid** 169.48

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

**BUILDING INSPECTOR USE ONLY**

**IF APPLICABLE:**  
 Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO

**BUILDING**

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

**ROOFING**    **OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR**

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

**PLUMBING** (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground)    2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set)    4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

**GAS** \_\_ Natural \_\_ LP     **MECHANICAL**     **ELECTRICAL**     **LOW VOLTAGE**

1<sup>st</sup> \_\_\_\_\_ (Rough-In)    2<sup>nd</sup> \_\_\_\_\_ (Final)

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## APPLICATION FOR MECHANICAL PERMIT

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DATE OF APPLICATION: 8/16/17 Bldg 12 Lot 49 PERMIT NUMBER 2017-08-100  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3573 Brighton Park Circle (49) Belle Isle FL 32809 X 32812  
Property Owner Mattamy Homes Phone \_\_\_\_\_  
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando  
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0000-00-490  
REQUIRED! 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

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.0 Total Tons 2.0  
Type of System: Water to Air \_\_\_\_\_ Chiller \_\_\_\_\_ Split System  Package \_\_\_\_\_ Heat Pump \_\_\_\_\_ Estimated Cost \$ 4747  
Heating: # of Units KWS Per Unit 1 Total KWS 5 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.

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(Number of) Grease \_\_\_\_\_ Heat \_\_\_\_\_ Hoods, Air Intakes \_\_\_\_\_ Exhaust Fans 3 Dryer Vents 1 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 \_\_\_\_\_ LICENSE # CAC 032444  
LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling and Heating  
Street Address 7225 Sandscove Court  
City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762  
Email Address adlyn.rodriguez@onestopcooling.com

Building Official: Dale Baker Date 8-17-17  
Verified Contractor's Licenses & Insurance are on file SW Date 8/17/17

Permit Fee \$ 110.-  
Review Fee \$ 55.-  
1% BCAIB Fee \$ 2.-  
1.5% DCA Fee \$ 2.-48  
Total Permit Fee \$ 169.48

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 2017-01-068



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**Scope of Work:** MECHANICAL: AC/Heat unit + exhaust fans & dryer vent  
**Comments:** Bldg 12  
**Project Information**  
 Address: Lot 50 – 3577 Brighton Park Circle, Belle Isle, FL 32812  
 Parcel ID: 29-23-30-0906-00-500  
 Property Owner: Mattamy Orlando LLC  
 Phone Number: 407 599 2228  
 \*\*\*\*\*  
 Company Name: One Stop Cooling & Heating LLC  
 Contractor Name: Stine, Kevin  
 License Number: CAC032444  
 Address: 7225 Sands Cove Ct, Winter Park, FL 32792  
 Phone Number: 407 975 2743 or 321 282 3514

**Permit Number: 2017-08-101**  
**Date of Application: 08/16/2017**  
**Date Permit Issued: 08/17/2017**  
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### BUILDING FEATURES

IMPACT FEES	
Traffic	\$
School	\$
ZONING FEES	
Zoning Fee	\$
UNIVERSAL ENG - BUILDING FEES	
Boat Dock	\$
Boat House	\$
Building	\$
Demo	\$
Door(s)	\$
Driveway	\$
Electrical	\$
Fence	\$
Gas	\$
Irrigation	\$
Low Voltage	\$
Mechanical	\$165.00
Plumbing	\$
Pool	\$
Roofing	\$
Screen Encl	\$
Shed	\$
Temp Pole	\$
Window(s)	\$

SURCHARGE FEES	
Surcharge Fee	\$2.00
Surcharge Fee	\$2.48

**TOTAL FEES \$169.48**

**Date Paid** 8-18-17  
**CC or Check #** VISA 5242  
**Amount Paid** 169.48

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### BUILDING INSPECTOR USE ONLY

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8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

**ROOFING** **OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR**

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

**PLUMBING** (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground)    2<sup>nd</sup> \_\_\_\_\_ (Sewer)

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Property Owner Mattamy Homes Phone \_\_\_\_\_  
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando  
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0000-00-500  
REQUIRED! 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

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.0 Total Tons 2.0  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ 4766

Heating: # of Units KWS Per Unit 1 Total KWS 5 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 4 Dryer Vents 1 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 \_\_\_\_\_ LICENSE # CAC 032444

LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling and Heating

Street Address 7225 Sandscove Court

City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762

Email Address adlyn.rodriguez@onestopcooling.com

Building Official: Dale Balm Date 8-17-17  
Verified Contractor's Licenses & Insurance are on file  Date 8-17-17

Permit Fee \$ 110.-  
Review Fee \$ 55.-  
1% BCAIB Fee \$ 2.-  
1.5% DCA Fee \$ 2.48  
Total Permit Fee \$ 169.48

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 2017-08-069



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

**Scope of Work:** MECHANICAL: AC/Heat unit + exhaust fans & dryer vent  
**Comments:** Bldg 12  
**Project Information**  
**Address:** Lot 51 – 3581 Brighton Park Circle, Belle Isle, FL 32812  
**Parcel ID:** 29-23-30-0906-00-510  
**Property Owner:** Mattamy Orlando LLC  
**Phone Number:** 407 599 2228  
\*\*\*\*\*  
**Company Name:** One Stop Cooling & Heating LLC  
**Contractor Name:** Stine, Kevin  
**License Number:** CAC032444  
**Address:** 7225 Sands Cove Ct, Winter Park, FL 32792  
**Phone Number:** 407 975 2743 or 321 282 3514

**Permit Number: 2017-08-102**

**Date of Application: 08/16/2017**

**Date Permit Issued: 08/17/2017**

**WARNING TO OWNER:** "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

### BUILDING FEATURES

#### IMPACT FEES

Traffic \$  
School \$

#### ZONING FEES

Zoning Fee \$

#### UNIVERSAL ENG - BUILDING FEES

Boat Dock \$  
Boat House \$  
Building \$  
Demo \$  
Door(s) \$  
Driveway \$  
Electrical \$  
Fence \$  
Gas \$  
Irrigation \$  
Low Voltage \$  
Mechanical \$165.00  
Plumbing \$  
Pool \$  
Roofing \$  
Screen Encl \$  
Shed \$  
Temp Pole \$  
Window(s) \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
Surcharge Fee \$2.48

**TOTAL FEES \$169.48**

**Date Paid** 8-15-17

**CC or Check #** VISA 5292

**Amount Paid** 169.48

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

#### BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions

Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

#### BUILDING

- 1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_ (Slab)  
3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)  
4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)  
5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)  
6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)  
7<sup>th</sup> \_\_\_\_\_ (Drywall)  
8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)  
9<sup>th</sup> \_\_\_\_\_ (Other)  
10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

#### ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

- 1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_  
2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_  
3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

#### PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

- 1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)  
3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

#### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

- 1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@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](http://www.universalengineering.com)



## 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: 8/16/17 Bldg & Lot 51 PERMIT NUMBER 2017-08-102  
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3581 Brighton Park Circle (51) Belle Isle FL 32809 & 32812  
 Property Owner Mattamy Homes Phone \_\_\_\_\_  
 Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando  
 State FL Zip Code 32810 Parcel Id Number: 29-23-30-0000-00-510  
 REQUIRED! To obtain this information, please visit <http://www.ocnafi.org/Searches/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
 Type of Work: New  Alteration  Addition  Repair

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.0 Total Tons 2.0 Estimated Cost \$ 4740  
 Type of System: Water to Air  Chiller  Split System  Package  Heat Pump

Heating: # of Units KWS Per Unit \_\_\_\_\_ Total KWS \_\_\_\_\_ 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 3 Dryer Vents 1 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 [Signature] LICENSE # CAC 032444

LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling and Heating

Street Address 7225 Sandscove Court

City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762

Email Address adlyn.rodriguez@onestopcooling.com

Permit Fee	\$ <u>110.-</u>
Review Fee	\$ <u>55.-</u>
1% BCAIB Fee	\$ <u>2.-</u>
1.5% DCA Fee	\$ <u>2.48</u>
<b>Total Permit Fee</b>	<b>\$ <u>169.48</u></b>

Building Official: [Signature] Date 8-17-17  
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-17-17

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 2017-08-102



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

**Scope of Work:** MECHANICAL: AC/Heat unit + exhaust fans & dryer vent

**Comments:** Bldg 12

**Project Information**  
 Address: Lot 52 – 3585 Brighton Park Circle, Belle Isle, FL 32812  
 Parcel ID: 29-23-30-0906-00-520  
 Property Owner: Mattamy Orlando LLC  
 Phone Number: 407 599 2228

\*\*\*\*\*  
 Company Name: One Stop Cooling & Heating LLC  
 Contractor Name: Stine, Kevin  
 License Number: CAC032444  
 Address: 7225 Sands Cove Ct, Winter Park, FL 32792  
 Phone Number: 407 975 2743 or 321 282 3514

**Permit Number: 2017-08-103**  
**Date of Application: 08/16/2017**  
**Date Permit Issued: 08/17/2017**

**WARNING TO OWNER:** "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

### BUILDING FEATURES

#### IMPACT FEES

Traffic \$  
 School \$

#### ZONING FEES

Zoning Fee \$

#### UNIVERSAL ENG - BUILDING FEES

Boat Dock \$  
 Boat House \$  
 Building \$  
 Demo \$  
 Door(s) \$  
 Driveway \$  
 Electrical \$  
 Fence \$  
 Gas \$  
 Irrigation \$  
 Low Voltage \$  
 Mechanical \$165.00  
 Plumbing \$  
 Pool \$  
 Roofing \$  
 Screen Encl \$  
 Shed \$  
 Temp Pole \$  
 Window(s) \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
 Surcharge Fee \$2.48

**TOTAL FEES \$169.48**

Date Paid

8-18-17

CC or Check #

USA 5092

Amount Paid

169.48

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

#### BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

#### BUILDING

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

#### ROOFING

**OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR**

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

#### PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

#### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@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](http://www.universalengineering.com)

RECEIVED  
AUG 16 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: 8/16/17 Bldg Lot 52 PERMIT NUMBER 2017-08-103  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3585 Brighton Park Circle (52) Belle Isle FL 32809 & 32812  
Property Owner Mattamy Homes Phone \_\_\_\_\_  
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando  
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0000-00-520  
REQUIRED! To obtain this information, please visit <http://www.ocpal.org/Searches/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
Type of Work: New  Alteration  Addition  Repair

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.0 Total Tons 2.0 Estimated Cost \$ 4740  
Type of System: Water to Air \_\_\_\_\_ Chiller \_\_\_\_\_ Split System  Package \_\_\_\_\_ Heat Pump \_\_\_\_\_

Heating: # of Units KWS Per Unit \_\_\_\_\_ Total KWS \_\_\_\_\_ 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 3 Dryer Vents 1 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 \_\_\_\_\_ LICENSE # CAC 032444

LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling and Heating

Street Address 7225 Sandstone Court

City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762

Email Address adlyn.rodriguez@onestopcooling.com

Building Official: Dale Balm Date 8-17-17  
Verified Contractor's Licenses & Insurance are on file (signature) Date 8-17-17

Permit Fee \$ 110.-  
Review Fee \$ 55.-  
1% BCAIB Fee \$ 2.-  
1.5% DCA Fee \$ 2.48  
Total Permit Fee \$ 169.48

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 2017-01-071



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## PERMIT CARD – PLEASE POST AT JOB SITE

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<p><b>Scope of Work:</b> MECHANICAL: AC/Heat unit + exhaust fans &amp; dryer vent</p> <p><b>Comments:</b> Bldg 12</p> <p><b>Project Information</b>          Address: Lot 53 – 3589 Brighton Park Circle, Belle Isle, FL 32812          Parcel ID: 29-23-30-0906-00-530          Property Owner: Mattamy Orlando LLC          Phone Number: 407 599 2228          *****          Company Name: One Stop Cooling &amp; Heating LLC          Contractor Name: Stine, Kevin          License Number: CAC032444          Address: 7225 Sands Cove Ct, Winter Park, FL 32792          Phone Number: 407 975 2743 or 321 282 3514</p>	<p style="text-align: right;"><b>Permit Number: 2017-08-104</b></p> <p style="text-align: right;">Date of Application: <b>08/16/2017</b>          Date Permit Issued: <b>08/17/2017</b></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$          School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$          Boat House \$\$          Building \$\$\$          Demo \$\$\$\$          Door(s) \$\$\$\$          Driveway \$\$\$\$          Electrical \$\$\$\$          Fence \$\$\$\$          Gas \$\$\$\$          Irrigation \$\$\$          Low Voltage \$\$\$          Mechanical \$165.00          Plumbing \$\$\$\$          Pool \$\$\$\$          Roofing \$\$\$\$          Screen Encl \$\$\$\$          Shed \$\$\$\$          Temp Pole \$\$\$\$          Window(s) \$\$\$\$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.48</p> <p style="text-align: center;"><b>TOTAL FEES \$169.48</b></p> <p>Date Paid <u>8-18-17</u>          CC or Check # <u>VISA 5092</u>          Amount Paid <u>169.48</u></p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:          Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)          Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b>    <b>OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1<sup>st</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> <b>GAS</b> __Natural__ LP    <input type="checkbox"/> <b>MECHANICAL</b>    <input type="checkbox"/> <b>ELECTRICAL</b>    <input type="checkbox"/> <b>LOW VOLTAGE</b></p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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Inspection requests are to be emailed to [BIOScheduling@UniversalEngineering.com](mailto:BIOScheduling@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.universaleengineering.com](http://www.universaleengineering.com)

RECEIVED  
AUG 16 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: 8/16/17 Bldg 12 Lot 53 PERMIT NUMBER 2017-08-104  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3589 Brighton Circle (53) Belle Isle FL 32809  32812  
Property Owner Mattamy Homes Phone \_\_\_\_\_  
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando  
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0000-00-530  
REQUIRED! 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

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.0 Total Tons 2.0 Estimated Cost \$ 4766  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump   
Heating: # of Units KW's Per Unit 1 Total KW's 5 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 4 Dryer Vents 1 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 [Signature] LICENSE # CAC 032444  
LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Step Cooling and Heating  
Street Address 7225 Sandscore Court  
City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762  
Email Address adlyn.rodriquez@onestepcooling.com

Building Official: [Signature] Date 8-17-17  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-17-17

Permit Fee \$ 110.-  
Review Fee \$ 55.-  
1% BCAIB Fee \$ 2.-  
1.5% DCA Fee \$ 2.48  
Total Permit Fee \$ 169.48

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 2017-01-012



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

<p><b>Scope of Work:</b> MECHANICAL: AC/Heat unit + exhaust fans &amp; dryer vent</p> <p><b>Comments:</b> Bldg 12</p> <p><b>Project Information</b>          Address: Lot 54 – 3593 Brighton Park Circle, Belle Isle, FL 32812          Parcel ID: 29-23-30-0906-00-540          Property Owner: Mattamy Orlando LLC          Phone Number: 407 599 2228          *****          Company Name: One Stop Cooling &amp; Heating LLC          Contractor Name: Stine, Kevin          License Number: CAC032444          Address: 7225 Sands Cove Ct, Winter Park, FL 32792          Phone Number: 407 975 2743 or 321 282 3514</p>	<p style="text-align: right;"><b>Permit Number: 2017-08-105</b></p> <p style="text-align: right;">Date of Application: <u>08/16/2017</u>          Date Permit Issued: <u>08/17/2017</u></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$          School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$          Boat House \$          Building \$          Demo \$          Door(s) \$          Driveway \$          Electrical \$          Fence \$          Gas \$          Irrigation \$          Low Voltage \$          Mechanical \$165.00          Plumbing \$          Pool \$          Roofing \$          Screen Encl \$          Shed \$          Temp Pole \$          Window(s) \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.48</p> <p style="text-align: center;"><b>TOTAL FEES \$169.48</b></p> <p><b>Date Paid</b> <u>8-18-17</u></p> <p><b>CC or Check #</b> <u>VISA 5092</u></p> <p><b>Amount Paid</b> <u>169.48</u></p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:          Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)          Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b>    <b>OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> <b>GAS</b>    <input type="checkbox"/> <b>Natural</b>    <input type="checkbox"/> <b>LP</b>    <input type="checkbox"/> <b>MECHANICAL</b>    <input type="checkbox"/> <b>ELECTRICAL</b>    <input type="checkbox"/> <b>LOW VOLTAGE</b></p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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Oil \_\_\_\_\_ Electric  Boiler \_\_\_\_\_ Gas \_\_\_\_\_

(A) Estimated Cost Fee \$ \_\_\_\_\_

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LICENSE HOLDER SIGNATURE \_\_\_\_\_ LICENSE # CAC 032444

LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling and Heating

Street Address 7225 Sandstone Court

City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762

Email Address adlyn.rodriguez@onestopcooling.com

Building Official: [Signature] Date 8-17-17  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-17-17

Permit Fee \$ 110.-  
Review Fee \$ 55.-  
1% BCAIB Fee \$ 2.-  
1.5% DCA Fee \$ 2.48  
Total Permit Fee \$ 169.48

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Building Permit Number 2017-01-073



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

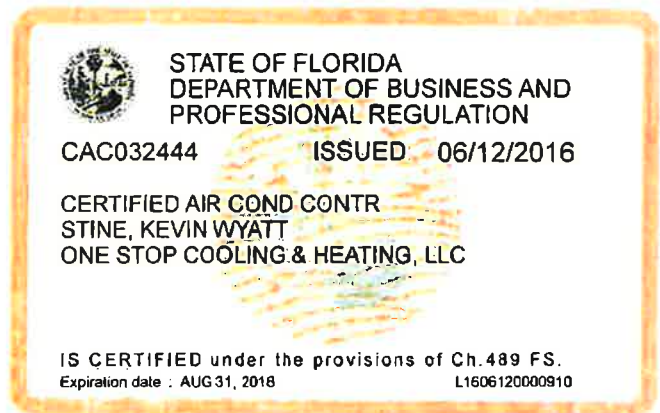
(850) 487-1395

STINE, KEVIN WYATT  
ONE STOP COOLING & HEATING, LLC

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CAC032444	

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



STINE, KEVIN WYATT  
ONE STOP COOLING & HEATING, LLC  
7225 SANDSCOVE COURT  
SUITE 1  
WINTER PARK FL 32792



ISSUED: 06/12/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606120000910





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/09/2017
---------------------------------

**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 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).**

<b>PRODUCER</b> Bouchard Insurance for WBS P.O.Box 6090 Clearwater, FL 33758-6090	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 293-3600 ext. 623      FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : American Zurich Insurance Company</td> <td>40142</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 : American Zurich Insurance Company	40142	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> One Stop Cooling & Heating LLC 7225 Sandscope Court Winter Park, FL 32792															

**COVERAGES      CERTIFICATE NUMBER: M16FL079929457      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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 00-95-769-00	01/01/2017	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
				Location Coverage Period:	01/01/2017	12/31/2017	Client# 054531-MPP

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 One Stop Cooling & Heating LLC  
 7225 Sandscope Court  
 Winter Park, FL 32792  
 Coverage is provided for: One Stop Cooling & Heating LLC; One Stop Cooling & Heating Tampa LLC; One Stop Cooling & Heating Jacksonville LLC; One Stop Cooling and Heating Thermocool LLC; Harold Holdings LLC dba AC4Life, Cool-Way A/C; One Stop Electrical Services LLC dba One Stop Plumbing Services; One Stop Enterprise Florida, LLC.

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Ave Belle Isle, FL 32809	<b>CANCELLATION</b>  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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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 other authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

2016			EXPIRES	9/30/2017	1804-0066931
1804	CONTR-CERT CLASS A-H	\$140.00 75	EMPLOYEE	5000 BUSINESS OFFICE	\$40.00 15 EMPLOYEE
1801	CERTIFIED RESIDENTIAL	\$30.00 1	EMPLOYEE	1801 BUILDING CONTRACTOR	\$30.00 1 EMPLOYEE

TOTAL TAX \$240.00  
 PREVIOUSLY PAID \$240.00  
 TOTAL DUE \$0.00

STINE KEVIN W

ONE STOP COOLING & HEATING LLC  
 STINE KEVIN W  
 7225 SANDSCOVE CT  
 WINTER PARK FL 32792

7225 SANDSCOVE CT  
 U - WINTER PARK, 32792

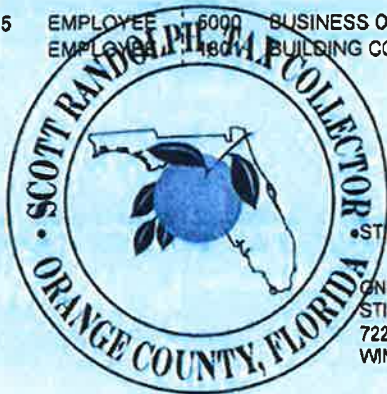
PAID: \$240.00 0098-00742115 8/15/2016

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

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

2016			EXPIRES	9/30/2017	1804-0066931
1804	CONTR-CERT CLASS A-H	\$140.00 75	EMPLOYEE	5000 BUSINESS OFFICE	\$40.00 15 EMPLOYEE
1801	CERTIFIED RESIDENTIAL	\$30.00 1	EMPLOYEE	1801 BUILDING CONTRACTOR	\$30.00 1 EMPLOYEE

TOTAL TAX \$240.00  
 PREVIOUSLY PAID \$240.00  
 TOTAL DUE \$0.00



STINE KEVIN W

ONE STOP COOLING & HEATING LLC  
 STINE KEVIN W  
 7225 SANDSCOVE CT  
 WINTER PARK FL 32792

7225 SANDSCOVE CT  
 U - WINTER PARK, 32792

PAID: \$240.00 0098-00742115 8/15/2016

This receipt is official when validated by the Tax Collector.