

Scope of Work:

Bldg 13

application on file and construction shall conform to the requirements of

the Florida Building Code (FS 553).

dryer vent

Comments:

#### City of Belle Isle

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

### PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Permit Number: 2017-08-043

Date of Application: <u>08/08/2017</u> Date Permit Issued: <u>08/08/2017</u>

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.

MECHANICAL: AC/Heat unit + exhaust fans &

Project Information Address: Lot 11 – 3556 Brighton Park Circle, Belle Isle, FL 32812 Parcel ID: 29-23-30-0906-00-110 Property Owner: Mattamy Orlando LLC Phone Number: 407 599 2228 **********************************		NOTICE OF PAYING TV PROPERTY. CONSULT V BEFORE COMMENCE BE MADE B WORK. THIS BE PROTEC VISIBLE FF INSPECTION	COMM WICE F IF YO WITH YO RECOFEMENT." BEFORE CARD F ROM TI	ENCEMENT MATERIAL FOR IMPROVED US INTENDER ROUND YOUR ON THE JOB IN PROCEEDING MUST BE DISPLACED THE WEAT THE W	NSPECTION(S) MI WITH SUBSEQUI AYED OUTSIDE A THER WHILE BE UNTIL THE FII	YOU DUR NG, NEY OF UST ENT AND	
		BUILDING FEAT	JRES				
IMPACT FEES		В	UILDING INSPE	CTOR US	SE ONLY		
Traffic \$ School \$		   IF APPLICABLE:					
3C1001 \$		Have Zoning Approval Conditions	Reen Met2 VE	S NO I	Have Stormwater	Approval Condition	
<b>ZONING FEES</b>			Decir Metr 120	3 140 1	iave Stormwater /	Approvai Condition	5
Zoning Fee \$	20	Been Met? YES NO Silt fencin	g in place? YES	S NO	Turbidity Barrier in	n place? YES NO	
UNIVERSAL ENG -	BUILDING FEES	□ BUILDING				*	
J.H. V.E. (LOX I.E. E.)	DOILDING   LLO	1 <sup>st</sup>			oundation)		
Boat Dock \$		Survey specific foundation plan	n must be onsite	e before s	slab pour. Approve	ed Plan on Site?	_
Boat House \$		2 <sup>nd</sup>	(6	Nob)			
Building \$ Demo \$			(2	Slab)			
Door(s) \$		3 <sup>rd</sup>	(L	intel)(Wal	Reinforcing on Ma	sonry Buildina)	
Driveway \$			•				
Electrical \$		4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)					
Fence \$		5 <sup>th</sup>					
Gas \$ Irrigation \$		5 <sup>th</sup>				Plumbing/ Mechanica	<u>I/</u>
Low Voltage \$			드	<u>lectrical F</u>	Rough-Ins & Windov	vs/Doors Installed)	
	65.00	6 <sup>th</sup>	(lr	nsulation t	o be Made After Ro	of Installed)	
Plumbing \$							
Pool \$		7 <sup>th</sup>	(D	Drywall)			
Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$		8 <sup>th</sup>		are more			
Shed \$		8 <sup>th</sup>	(S	idewalk/D	riveway)		
Temp Pole \$		9 <sup>th</sup>	(C	Other)			
Window(s) \$		(Other)					
CUDOUADOE SESO		10 <sup>th</sup>	(F	inal – Afte	er MEP and Other A	opplicable Finals)	
SURCHARGE FEES	3	5 7005010					
Surcharge Fee \$2	.00	ROOFING OSHA APPROV	ED ACCESS M	UST BE N	MADE AVAILABLE	TO INSPECTOR	
Surcharge Fee \$2		1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Fi	asning				
		2 <sup>nd</sup> ROOFING Covering In-Progress					
TOTAL FEES	S \$169.48						
		3 <sup>rd</sup> ROOFING Covering Final					
Date Paid	8-17	PLUMBING (Pool-Piping, Solar, Ir	rigation, Water T	reatment	Equip, Etc)		
CC or Check # V (	x 5092	O	rground)			(Sewer)	
Amount Paid	69.48		h-In/Tub Set)			(Final)	
		1/2		10		A CONTRACTOR OF THE PARTY OF TH	
The person accepting this permit shall conform to the terms of the		CHECK APPROPRIATE BOX	CHANICAL DE	EL ECTRIC		N TAGE	

Inspection requests are to be emailed to BIDscheduling@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.

2<sup>nd</sup>

(Final)



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 328 AUG 0 8 2017
Tel 407-581-8161 \* Fax 407-581-0313 \* 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: 12117 BY SPERMIT PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated as i	NUMBER 2017 - 08-043
Property Owner <u>Mathamy Howes</u> Property Owner's Mailing Address <u>1900 Summert Tower Blvd</u> State <u>FL</u> Zip Code <u>32810</u> Parcel Id Number: <u>29-23-30</u>	Belle Isle FL32809 _X 32812  Phone
Class of Building: Old ☐ New ☒ Type of Building: Residential ☒ Commerce Type of Work: New ☒ Alteration ☐ Addition ☐ Repair ☐	ial Other
Please indicate the nature of work by completing the information below:	
Air Conditioning: # of Units Tons Per Unit Split SystemX Package Heat Pump	Estimated Cost \$ 4990
Heating: # of Units KWS Per Unit 116 Total KWS 5 BTU's	Estimated Cost \$
OilElectric Boiler Gas	(A) Estimated Cost Fee \$
Fees for items below are based on valuation of all units, equipment, materials and labor supplied Ventilation:	1
(Number of) Grease Heat Hoods, Air Intakes Exhaust Fans Dryer Ve	ents 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 NoX I hereby certify that the above is true and correct to the best of my knowledge and make Appasame is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulations. The issuance of this permit does not grant permission to violate any applicable Town and	lating same and in accordance with plans d/or State of Florida codes and/or ordinances.
LICENSE HOLDER SIGNATUREL	ICENSE # CAC 032444
A	One Stop Cooling and Hearting
Street Address 7225 Sandscove Court	d-2 020 221.2
City Winter Park State FL Zip Code 32792 F	Phone Number TO 1-9 15 2102
Email Address adlyn rodriguez Cone stopicoling com	
	Permit Fee \$
Building Official SuluBla Date 8-8-17	Review Fee \$
ED CEN	1% BCAIB Fee \$
Verified Contractor's Licenses & Insurance are on file Date 88	1.5% DCA Fee \$
	Total Permit Fee \$
NOTE: The Building Permit Number is required if the Mechanical Installation is associated with an	y construction or alteration where a Building

Building Permit Number



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Scope of Work: MECHANICAL: AC/Heat unit + exhaust fans & dryer vent Comments: Bldg 13 **Project Information** Address: Lot 12 - 3560 Brighton Park Circle, Belle Isle, FL **PAYING** 32812 Parcel ID: 29-23-30-0906-00-120 Property Owner: Mattamy Orlando LLC Phone Number: 407 599 2228 One Stop Cooling & Heating LLC Company Name: 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: 2017-08-044

Date of Application: 08/08/2017
Date Permit Issued: 08/08/2017

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.

IMPACT FEES		BUILDING INSPECTOR USE ONLY	
Traffic \$ School \$		IF ADDITION IF.	
School \$		IF APPLICABLE:	
ZONING FEES		Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions	
Zoning Fee \$	:	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO	
20111191 CC 4		Taiblaity barrier in place; 125 No	
UNIVERSAL ENG	- BUILDING FEES	□ BUILDING	
		1 <sup>st</sup> (Footing/Foundation)	
Boat Dock \$	6	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?	
Boat House \$	3	and	
Building \$	5	2 <sup>nd</sup> (Slab)	
Demo \$		3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)	
Door(s) \$		3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)	
Driveway \$		4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)	
Electrical \$		4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)	
Fence \$ Gas \$		5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/	
Irrigation \$			
Low Voltage \$		Electrical Rough-Ins & Windows/Doors Installed)	
	5165.00	6 <sup>th</sup> (Insulation to be Made After Roof Installed)	
Plumbing \$		(ilistration to be made Alter Roof installed)	
Pool \$		7 <sup>th</sup> (Drywall)	
Roofing \$		(Diywaii)	
Screen Encl \$		8 <sup>th</sup> (Sidewalk/Driveway)	
Shed \$	3		
Temp Pole \$	3	9 <sup>th</sup> (Other)	
Window(s) \$	3		
		10 <sup>th</sup> (Final – After MEP and Other Applicable Finals)	
SURCHARGE FEE	<u>S</u>		
	8	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR	
Surcharge Fee \$		1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing	
Surcharge Fee \$	52.48		
		2 <sup>nd</sup> ROOFING Covering In-Progress	
TOTAL FEE	ES \$169.48		
		3 <sup>rd</sup> ROOFING Covering Final	
	CKI)		
Date Paid	0.0 ( /	☐ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)	
~) · · · · · · · · · · · · · · · · · · ·	(1 576)		
CC or Check # VI	OF DO 10	1 <sup>ST</sup> (Underground) 2 <sup>nd</sup> (Sewer)	
	L9 U8		
Amount Paid	0 10 0	3 <sup>rd</sup> (Rough-In/Tub Set) 4 <sup>th</sup> (Final)	
The second			
The person accepti		CHECK APPROPRIATE BOX	
conform to the term application on file a		☐ GASNaturalLP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE	
shall conform to the		48	
the Florida Building		1 <sup>st</sup> (Rough-In) 2 <sup>nd</sup> (Final)	
r longa bulluling	, Jour (1 0 000).		

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## APPLICATION FOR MECHANICAL PERMIT

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PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:	17-08-044
0 -21 0 11 2	-00-120
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 AirChiller Split SystemX Package Heat Pump  Heating: # of Units KWS Per Unit 1	Estimated Cost \$ 4750
	ated Cost Fee \$  ntractor.  Estimated Cost \$
Refrigeration: Number of units Piping: Air Vacuum Steam Chill Water	Estimated Cost \$
Others: (Specify)	n accordance with plans
LICENSE HOLDER SIGNATURE LICENSE # CAN  LICENSE HOLDER NAME KEVIN SHINE COMPANY NAME ON STOP	032444
Street Address 7225 Sandscove Court  City Winter Park State FL zip Code 32792 Phone Number	407-975-2762
Permit Fe	s 10.
Pailding Official Date Date 1% BCAIB Feb.  Verified Contractor's Licenses & Insurance are on file Date Date 1.5% DCA Feb.	e \$ 2. 16
Total Permit Fo NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or Permit has been issued.	alteration where a Building
Building Permit Nu	mper



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dryer vent Comments: Bldg 13 **Project Information** Address: Lot 13 - 3564 Brighton Park Circle, Belle Isle, FL 32812 Parcel ID: 29-23-30-0906-00-130 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 407 975 2743 or 321 282 3514 Phone Number:

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

Permit Number: 2017-08-045

Date of Application: 08/08/2017 Date Permit Issued: 08/08/2017

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	BUILDING FEATURES				
IMPACT FEES	BUILDING INSPECTOR USE ONLY				
Traffic \$ School \$	IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions				
ZONING FEES Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO				
UNIVERSAL ENG - BUILDING FEES	BUILDING  1 <sup>st</sup> (Footing/Foundation)				
Boat Dock \$ Boat House \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?				
Building \$	2 <sup>nd</sup> (Slab)				
Demo \$ Door(s) \$	3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)				
Driveway \$ Electrical \$	4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)				
Fence \$ Gas \$ Irrigation \$	5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)				
Low Voltage \$ Mechanical \$165.00 Plumbing \$	6 <sup>th</sup> (Insulation to be Made After Roof Installed)				
Pool \$	7 <sup>th</sup> (Drywall)				
Roofing \$ Screen Encl \$ Shed \$	8 <sup>th</sup> (Sidewalk/Driveway)				
Temp Pole \$ Window(s) \$	9 <sup>th</sup> (Other)				
SURCHARGE FEES	10 <sup>th</sup> (Final – After MEP and Other Applicable Finals)				
Surcharge Fee \$2.00 Surcharge Fee \$2.48	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR  1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing				
TOTAL FEES \$169.48	2 <sup>nd</sup> ROOFING Covering In-Progress				
101AE1 EE0 \$100.40	3 <sup>rd</sup> ROOFING Covering Final				
Date Paid 8-8-1	□ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)				
CO or Check # V & 4 5092	1 <sup>ST</sup> (Underground) 2 <sup>nd</sup> (Sewer)				
Amount Paid 169-48	3 <sup>rd</sup> (Rough-In/Tub Set) 4 <sup>th</sup> (Final)				
The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of	CHECK APPROPRIATE BOX  GASNaturalLP GMECHANICAL GELECTRICAL GLOW VOLTAGE  1st				
the Florida Building Code (FS 553).					

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### APPLICATION FOR MECHANICAL PERMIT

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PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:	on-08-04
Project Address 3564 Brighton Park Cir A Belle Isle FL Property Owner Mattamy Homes Phone Phone Property Owner's Mailing Address 1900 Summit Tower Bird City Or la State FL Zip Code 32810 Parcel Id Number: 29 - 23 - 30 - 0906 REQUIREDI To obtain this information, please visit http://www.ocp.	-00-130
Class of Building: Old  New  Type of Building: Residential  Commercial  Othe Type of Work: New  Alteration  Addition  Repair	r 🗆
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 AirChiller Split SystemX Package Heat Pump	Estimated Cost \$ 47 Wo
Heating: # of Units KWS Per Unit 15 Total KWS 5 BTU's Gas	Estimated Cost \$
	nated Cost Fee \$
Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or conventilation:  (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 \$
I hereby certify that the above is true and correct to the best of my knowledge and make Application for Perm same is granted I agree to conform to all Florida Building Code regulations and City Ordinances regulating same and submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida Building Code regulations and City Ordinances regulating same and submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida Building Code regulations and City Ordinances regulating same and submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida Building Code regulations and City Ordinances regulating same and submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida Building Code regulations and City Ordinances regulating same and submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida Building Code regulations and City Ordinances regulating same and submitted. The issuance of this permit does not grant permits on to violate any applicable Town and/or State of Florida Building Code regulations and City Ordinances regulating same and submitted.	in accordance with plans rida codes and/or ordinances.  C 032444  Cooling and Hearting
City Winter Park State FL Zip Code 32792 Phone Number	407-975-2762
Email Address adlyn. rodriguez Cone stop cooling. com	
Permit F	55 -
Review I  Building Official: Date 9-8-/7  Verified Contractor's Licenses & Insurance are on file Date 9-8-1  1% BCAIB F	ee \$ 2
Total Permit F	ee \$ 169.48
NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction o Permit has been issued.	

Building Permit Number 2010-049



dryer vent

Comments:

**Project Information** 

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

Bldg 13

The person accepting this permit shall

application on file and construction shall conform to the requirements of

the Florida Building Code (FS 553).

conform to the terms of the

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Permit Number: 2017-08-046

WARNING TO OWNER: "YOUR FAILURE TO RECORD A

Date of Application: 08/08/2017
Date Permit Issued: 08/08/2017

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Phone Number:	Lot 14 – 3568 Brighton Park Circle, Belle Isle, FL 29-23-30-0906-00-140 Mattamy Orlando LLC 407 599 2228		PAYING TWICE PROPERTY. IF Y CONSULT WITH BEFORE RECO COMMENCEMENT.	MENCEMENT MAY RESULT IN YOU FOR IMPROVEMENTS TO YOUR OU INTEND TO OBTAIN FINANCING YOUR LENDER OR AN ATTORNEY ORDING YOUR NOTICE OF "ON THE JOB INSPECTION(S) MUST		
Contractor Name: License Number: Address:	CAC032444	t, Winter Park, FL 32792	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 FEAT	JRES			
IMPACT FEES	1	В	UILDING INSPECTOR	JSE ONLY		
Traffic School S		IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions				
ZONING FEES Zoning Fee	3		g in place? YES NO	Turbidity Barrier in place? YES NO		
UNIVERSAL ENG	- BUILDING FEES	BUILDING				
Boat Dock \$ Boat House \$	3	Survey specific foundation plan	n must be onsite before	Foundation) e slab pour. Approved Plan on Site?		
Building S Demo S		2 <sup>nd</sup> (Slab)				
Door(s) \$		3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Bui				
		4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)				
Electrical \$ Fence \$ Gas \$ Irrigation \$		5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)				
Low Voltage \$		6 <sup>th</sup>				
Plumbing \$	3	7 <sup>th</sup>		to be Made After Roof Installed)		
Roofing \$	5					
Screen Encl \$		8 <sup>th</sup>		( <u>Driveway)</u>		
Temp Pole \$ Window(s) \$		9 <sup>th</sup> (Other)				
SURCHARGE FEE	s	10 <sup>th</sup>	(Final – A	fter MEP and Other Applicable Finals)		
	22.00 52.48	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR  1ST ROOFING Deck Nailing/Dry-in/Flashing				
<b>TOTAL FEES \$169.48</b>		2 <sup>nd</sup> ROOFING Covering In-Progress				
Date Paid G-8-17		3 <sup>rd</sup> ROOFING Covering Final				
CO or Check # VI	SA 5092	O		(Sewer)		
Amount Paid	69.48		·	(Final)		
	NO. 1			,		

Inspection requests are to be emailed to BIDscheduling@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.

**CHECK APPROPRIATE BOX** 

☐ GAS \_\_Natural \_\_\_LP

□ LOW VOLTAGE

(Final)

□ MECHANICAL □ELECTRICAL



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 \* Fax 407-581-0313 \* 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.

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated as a permit to make installation as a permit to make installat	IMBER 2017-08-04-6 ted below:
Project Address 3568 Brighton Park Lot (4, Be Property Owner Mathamy Homes Property Owner's Mailing Address 1900 Summent Tower Bird Co	elle Isle FL32809 \( \frac{1}{2} \) 32812  hone  ity Or lande.
Class of Building: Old ☐ New ☑ Type of Building: Residential ☑ Commercia Type of Work: New ☑ Alteration ☐ Addition ☐ Repair ☐	I ☐ Other ☐
Please indicate the nature of work by completing the information below:  Air Conditioning: # of Units Tons Per Unit 2.	Estimated Cost \$  (A) Estimated Cost Fee \$  by owner or contractor.
(Number of) Grease Heat Hoods, Air Intakes Exhaust Fans Dryer Vents	s Estimated Cost \$
Refrigeration: Number of units Chill Water Chill Wate	Estimated Cost \$  Estimated Cost \$  Estimated Cost \$  (B) Estimated Cost Fee \$
I hereby certify that the above is true and correct to the best of my knowledge and make Applic same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulat submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or	ing same and in accordance with plans or State of Florida codes and/or ordinances.
	ENSE # CAC 032444 One Stop Cooling and Hearting
Street Address 7225 Sandscove Court  City Winter Park State FL zip Code 32792 Pho  Email Address adlyn. rodriguez Cone stop cooling. Com	
	Permit Fee \$
	Review Fee \$
NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any c Permit has been issued.	onstruction or alteration where a Building

Building Permit Number 201-61-650



dryer vent

Comments:

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

Bldg 13

application on file and construction shall conform to the requirements of

the Florida Building Code (FS 553).

#### City of Belle Isle

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

#### PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Permit Number: 2017-08-047

WARNING TO OWNER: "YOUR FAILURE TO RECORD A

Date of Application: 08/08/2017 Date Permit Issued: 08/08/2017

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. COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Project Information Address: Lot 15 – 3	3572 Brighton Park Circle, Belle Isle, FL	NOTICE OF COM	MER: "YOUR FAILURE TO RECORD A MENCEMENT MAY RESULT IN YOU		
32812 Parcel ID: 29-23-30 Property Owner: Mattamy Phone Number: 407 599 2	-0906-00-150 Orlando LLC	PROPERTY. IF Y CONSULT WITH BEFORE RECO	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		
Company Name: One Stop Contractor Name: Stine, Ke License Number: CAC0324	Cooling & Heating LLC vin 144 nds Cove Ct, Winter Park, FL 32792	BE MADE BEFORE PROCEEDING WITH SUBSEQUEN WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AN BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINA INSPECTIONS HAVE BEEN APPROVED.			
	BUILDING FEA	ATURES			
IMPACT FEES Traffic \$ School \$	IF APPLICABLE:	BUILDING INSPECTOR	USE ONLY  Have Stormwater Approval Conditions		
ZONING FEES Zoning Fee \$		cing in place? YES NO	Turbidity Barrier in place? YES NO		
UNIVERSAL ENG - BUILDIN	1 <sup>st</sup>	(Footing	/Foundation)		
Boat Dock \$ Boat House \$ Building \$ Demo \$	Survey specific foundation p		re slab pour. Approved Plan on Site?		
Door(s) \$ Driveway \$	3 <sup>rd</sup>		Vall Reinforcing on Masonry Building)  Framing)(Roof/Wall Sheathing)		
Fence \$ Gas \$ Irrigation \$	5 <sup>th</sup>	(Framing	) (To be made after Plumbing/ Mechanical/ al Rough-Ins & Windows/Doors Installed)		
Low Voltage \$ Mechanical \$165.00 Plumbing \$	6 <sup>th</sup>	(Insulatio	on to be Made After Roof Installed)		
Pool \$	7 <sup>th</sup>				
Roofing \$ Screen Encl \$ Shed \$	8 <sup>th</sup>		k/Driveway)		
Temp Pole \$ Window(s) \$	9 <sup>th</sup>				
SURCHARGE FEES	La Company		After MEP and Other Applicable Finals)		
Surcharge Fee \$2.00 Surcharge Fee \$2.48	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-ir	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR  1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing			
TOTAL FEES \$16	9.48	2 <sup>rd</sup> ROOFING Covering In-Progress			
Date Paid 68	PLUMBING (Pool-Piping, Solar	, Irrigation, Water Treatme	ent Equip, Etc)		
CC or Check # VISA 5	1 <sup>ST</sup> (Un	derground) 2 <sup>nd</sup>	(Sewer)		
Amount Paid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 <sup>rd</sup> (Ro	ough-In/Tub Set) 4 <sup>th</sup>	(Final)		
The person accepting this pe conform to the terms of the		IECHANICAL DELECTI	RICAL □ LOW VOLTAGE		

Inspection requests are to be emailed to BIDscheduling@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.

2<sup>nd</sup> \_\_

(Final)



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 3281
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com

### APPLICATION FOR MECHANICAL PERWITS 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.

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:
Project Address 3572 Brighton Park Cir Lat Delle Isle FL 32809 \( \) 32812  Property Owner Mathamy Homes Phone  Property Owner's Mailing Address 1900 Summit Tower Bird City Or lande.  State FL Zip Code 32810 Parcel Id Number: 29-23-30-0906-00-150  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  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 AirChilterSplit System _X PackageHeat Pump Estimated Cost \$  Heating: # of Units KWS Per Unit
Oil Electric Boller 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 NoX (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 D32+44
LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling and Hearting
Street Address 7225 SandScove Court
City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762
Email Address adlyn. rodriguez @ one stop cooling com
Permit Fee \$ 55.  Building Official: Date 8-8-17  Verified Contractor's Licenses & Insurance are on file Date 8-8-17  1% BCAIB Fee \$ 2.48
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 207-01-05 (



dryer vent

Comments:

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

Bldg 13

shall conform to the requirements of

the Florida Building Code (FS 553).

#### City of Belle Isle

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

### PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Permit Number: 2017-08-048

Date of Application: 08/08/2017 Date Permit Issued: 08/08/2017

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.

32812 Parcel ID: 29-23-30-0906-00-1 Property Owner: Mattamy Orlando Lt 407 599 2228 Company Name: One Stop Cooling & Stine, Kevin CAC032444	t, Winter Park, FL 32792	NOTICE OF COM PAYING TWICE PROPERTY. IF Y CONSULT WITH BEFORE RECOMMENCEMENT BE MADE BEFORI WORK. THIS CARE BE PROTECTED FOISIBLE FROM	MER: "YOUR FAILURE TO RECORD A MENCEMENT MAY RESULT IN YOU FOR IMPROVEMENTS TO YOUR OU INTEND TO OBTAIN FINANCING, YOUR LENDER OR AN ATTORNEY DRDING YOUR NOTICE OF "ON THE JOB INSPECTION(S) MUST E PROCEEDING WITH SUBSEQUENT DISCRED OUTSIDE AND FROM THE WEATHER WHILE BEING THE STREET UNTIL THE FINAL /E BEEN APPROVED.
	BUILDING FEAT	JRES	
IMPACT FEES	В	UILDING INSPECTOR	USE ONLY
Traffic \$ School \$	IE ADDITICADI E		
SC11001 \$	IF APPLICABLE:   Have Zoning Approval Conditions	Been Met? YES NO	Have Stormwater Approval Conditions
ZONING FEES			
Zoning Fee \$	Been Met? YES NO Silt fencin	g in place? YES NO	Turbidity Barrier in place? YES NO
UNIVERSAL ENG - BUILDING FEES	BUILDING	(Footing/	Foundation)
Boat Dock \$			e slab pour. Approved Plan on Site?
Boat House \$			_
Building \$ Demo \$ Door(s) \$	2 <sup>nd</sup>	(Slab)	
Door(s) \$	3 <sup>rd</sup>	(Lintel)(W	all Reinforcing on Masonry Building)
Driveway \$			
Electrical \$	4 <sup>th</sup>	(Exterior I	Framing)(Roof/Wall Sheathing)
Driveway \$ Electrical \$ Fence \$ Gas \$	5 <sup>th</sup>	(Framino)	(To be made after Plumbing/ Mechanical/
Irrigation \$			Rough-Ins & Windows/Doors Installed)
Low Voltage \$	- lh		
Mechanical \$165.00 Plumbing \$	6 <sup>th</sup>	(Insulation	n to be Made After Roof Installed)
Plumbing \$ Pool \$	7 <sup>th</sup>	(Drywall)	
Roofing \$			
Screen Encl \$ Shed \$	8 <sup>th</sup>	(Sidewalk	/Driveway)
Shed \$ Temp Pole \$	9 <sup>th</sup>	(Other)	
Window(s) \$	-	(Other)	
SURCHARGE FEES	10 <sup>th</sup>	(Final – A	fter MEP and Other Applicable Finals)
<del></del>	☐ ROOFING OSHA APPROV	ED ACCESS MUST BE	MADE AVAILABLE TO INSPECTOR
Surcharge Fee \$2.00 Surcharge Fee \$2.48	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/F	lashing	_
Caronarge Fee \(\pi_2.40\)	2 <sup>nd</sup> ROOFING Covering In-Progress		
<b>TOTAL FEES \$169.48</b>			
6 75	3 <sup>rd</sup> ROOFING Covering Final		
Date Paid Sor	□ <b>PLUMBING</b> (Pool-Piping, Solar, Ir	rigation, Water Treatme	nt Equip, Etc)
CO or Check # V 64 5M)	□ 1 <sup>st</sup> (Unde	rground) 2 <sup>nd</sup>	(Sewer)
11 Avs			
Amount Paid CO	3 <sup>rd</sup> (Roug	h-In/Tub Set) 4 <sup>th</sup>	(Final)
The person accepting this permit shall	CHECK APPROPRIATE BOX		
conform to the terms of the application on file and construction	GASNaturalLP	CHANICAL DELECT	RICAL DOW VOLTAGE

Inspection requests are to be emailed to BIDscheduling@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.

(Final)



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, Ft 328 1
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com

#### APPLICATION FOR MECHANICAL PERMITS 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.

PLEASE PRINT. The undersigned hereby applies for a permit o make installations as indicated	BER 2017-08-048 below:
Property Owner Mattany Homes Phor	or lande
Class of Building: Old ☐ New ☑ Type of Building: Residential ☑ Commercial ☐ Type of Work: New ☑ Alteration ☐ Addition ☐ Repair ☐	] Other □
Please indicate the nature of work by completing the information below:	
Air Conditioning: # of Units Tons Per Unit Total Tons Total Tons Total Tons Total Tons	Estimated Cost \$ 4874
Heating: # of Units KWS Per Unit 15 Total KWS 5 BTU's Boiler Gas	Estimated Cost \$
	(A) Estimated Cost Fee \$
Fees for items below are based on valuation of all units, equipment, materials and labor supplied by of 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	same and in accordance with plans
LICENSE HOLDER SIGNATURELICEN	SE # CAC 032444
	eStap Cooling and Heating
Street Address 7225 Sandscove Court	<u> </u>
City Winter Park State FL Zip Code 32792 Phone	Number 407-975-2762
Email Address adlyn. rodriguez @ one stop wolling. com	
	Permit Fee \$ \\\ \( \)
	55
Building Official: Dale Bulan Date 8-8-17	Review Fee \$
Notified Contractorial General & Insurance are as file & Date & & 17	% BCAIB Fee \$
NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any consequence.	tal Permit Fee \$ (69448 struction or alteration where a Building
r crimit 1103 Decit 1330eu.	

Building Permit Number 2017-61-65

#### 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. 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!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CAC032444

ISSUED: 06/12/2016

CERTIFIED AIR COND CONTR STINE, KEVIN WYATT ONE STOP COOLING & HEATING, LLC

IS CERTIFIED under the provisions of Ch. 489 FS. Expiration date: AUG 31, 2018 L1606120000910

#### **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 BAIR 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) 12/21/2016

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). CONTACT NAME: PRODUCER Bouchard Insurance PHONE (A/C. No. Ext): 727-447-6481 FAX (A/C, No): 727-449-1267 101 N Starcrest DR Clearwater FL 33765 E-MAIL ADDRESS: clcerts@bouchardinsurance.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Westfield Insurance Company 24112 INSURED **ONESTOPC** INSURER B : One Stop Cooling & Heating, LLC
One Stop Cooling & Heating Tampa LLC
\*See below for complete named insured
7225 Sandscove Court Suite 1 INSURER C INSURER D : INSURER E : Winter Park FL 32792 INSURER F CERTIFICATE NUMBER: 1026864640 COVERAGES 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. ADDL SUBR INSD WVD INSR LTR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS COMMERCIAL GENERAL LIABILITY CMM7975128 Α X 1/1/2017 1/1/2018 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre \$1,000,000 CLAIMS-MADE X OCCUR Contractual Liab MED EXP (Any one person) \$5,000 X DED \$0 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY X PRO-LOC PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMI (Ea accident) CMM7975128 1/1/2017 1/1/2018 \$1,000,000 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED ALL OWNED x BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) х HIRED AUTOS \$ Х PIP 10,000 UMBRELLA LIAB CMM7975128 1/1/2017 Х Х 1/1/2018 OCCUR \$1,000,000 **EACH OCCURRENCE** EXCESS LIAB **CLAIMS-MADE AGGREGATE** \$1,000,000 DED X RETENTION \$\$0 WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ lf yes, describe under DESCRIPTION OF OPERATIONS belov E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Complete Named Insured Continued: One Stop Cooling and Heating Jacksonville, LLC; One Stop Cooling & Heating Thermocool, LLC; One Stop Electrical Services, LLC; Harold Holdings, LLC dba AC4Life and ACDirect. Certificate holder is additional insured as respects General, Automobile and Excess Liability only if required by written contract, and subject to the terms, conditions and limits as specified in the policy. Coverage is primary as respects to General Liability and non-contributory as subject See Attached... **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.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/01)

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City of Belle Isle

1600 Nela Ave Belle Isle, FL 32809

#### **CERTIFICATE OF LIABILITY INSURANCE**

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). CONTACT NAME: PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 E-MAIL ADDRESS: PRODUCER **Bouchard Insurance for WBS** FAX (A/C, No): P.O.Box 6090 Clearwater, FL 33758-6090 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: American Zurich Insurance Company 40142 INSURED INSURER 8 : One Stop Cooling & Heating LLC INSURER C : Winter Park, FL 32792 INSURER D : INSURER E : INSURER F : **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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre CLAIMS-MADE OCCUR MED EXP (Any one person) 5 PERSONAL & ADV INJURY 3 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT \$ **BODILY INJURY (Per person)** ANY AUTO \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ CLAIMS-MADE AGGREGATE \$ RETENTION S DED s WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes describe under X PER STATUTE E.L. EACH ACCIDENT s 1,000,000 N/A WC 00-95-769-00 01/01/2017 12/31/2017 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$ **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; 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, CERTIFICATE HOLDER CANCELLATION

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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** 

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

TOTAL TAX
PREVIOUSLY PAID \$240.00 \$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

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

**EXPIRES** 9/30/2017 EMPLOYEE 11 6000 BUSINESS OFFICE
EMPLOYEE 11 6000 BUSINESS OFFICE
EMPLOYEE 11 6000 BUSINESS OFFICE
EMPLOYEE 11 6000 BUSINESS OFFICE 1804-0066931 EMPLOYEE EMPLOYEE CONTR-CERT CLASS A-H \$140.00 75 \$40,00 15 1804 CERTIFIED RESIDENTIAL 1801 \$30.00 \$30.00 1 1 TOTAL TAX PREVIOUSLY PAID TOTAL DUE \$240.00 \$0.00 NE 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.