



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

Per FBC 105.3: 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 15

Project Information

Address: Lot 05 - 3528 Brighton Park Circle, Belle Isle, FL 32812

Parcel ID: 29-23-30-0906-00-050

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: 2017-08-049

Date of Application: 08/08/2017

Date Permit Issued: 08/09/2017

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 End \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.48

TOTAL FEES \$169.48

Date Paid

8-10-17

CC or Check #

VISA 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

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd _____ (Slab)

3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/Mechanical/Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

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login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811

Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com 8 2017

RECEIVED

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: 7/27/17 Bug 15 PERMIT NUMBER 2017-08-049
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3528 Brighton Park Cir L45 Belle Isle FL X 32809 32812
Property Owner Mathamy Homes Phone _____
Property Owner's Mailing Address 1900 Summit Tower Blvd City Or Land
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0906-00-050
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 \$ 4870
Type of System: Water to Air _____ Split System X Package _____ Heat Pump _____
Heating: # of Units/KWS Per Unit 1/5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric X Boiler _____ Gas _____

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 1 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 X (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 Sandstone Court State FL Zip Code 32792 Phone Number 407-975-2762
City Winter Park
Email Address adlyn.rodriguez@onestopcooling.com

Permit Fee	\$ <u>110</u>
Review Fee	\$ <u>55</u>
1% BCAIB Fee	\$ <u>25</u>
1.5% DCA Fee	\$ <u>248</u>
Total Permit Fee	\$ <u>169.48</u>

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

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 201704063



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

Comments: Bldg 15

Project Information

Address: Lot 06 – 3532 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-060
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: 2017-08-050

Date of Application: 08/08/2017

Date Permit Issued: 08/09/2017

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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 End \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.48

TOTAL FEES \$169.48

Date Paid

8-6-17

CC or Check #

VISA 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

1st _____ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd _____ (Slab)

3rd _____ (Lintel)\Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)\(Roof\Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final – After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___Natural ___LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = cobi@universalengineering.com

password = [universa113](https://universalengineering.com)



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APPLICATION FOR MECHANICAL PERMIT ^{AUG 2017}

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DATE OF APPLICATION: 7/27/17

PERMIT NUMBER: Bdg 15 2017-08-05D

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

Project Address 3532 Brighton Park Cir Lx6 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: 29-23-30-0966-00-060

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 \$ 47166
Type of System: Water to Air Chiller Split System Package Heat Pump

Heating: # of Units KWS Per Unit 1.5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler _____ Gas _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor. (A) Estimated Cost Fee \$ _____

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 Stop Cooling and Heating

Street Address 7225 Sandstone Court State FL Zip Code 32792 Phone Number 407-975-2762

City Winter Park Email Address adlyn.rodriguez@onestopcooling.com

Permit Fee \$ 110.-
Review Fee \$ 55.-
1% BCAIB Fee \$ 2.-
1.5% DCA Fee \$ 248
Total Permit Fee \$ 16948

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

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 201704-064



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

Comments: Bldg 15

Project Information
Address: Lot 07 - 3536 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-070
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: 2017-08-051

Date of Application: 08/08/2017

Date Permit Issued: 08/09/2017

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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 8-10-17

CC or Check # VISA 5242

Amount Paid 169.48

The person accepting this permit shall conform to the terms of the application on file and constructions 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

1st

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd

(Slab)

3rd

(Lintel)(Wall Reinforcing on Masonry Building)

4th

(Exterior Framing)(Roof/Wall Sheathing)

5th

(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

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8th

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9th

(Other)

10th

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3rd _____ (Rough-in/Tub Set) 4th _____ (Final)

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GAS ___LP MECHANICAL ELECTRICAL LOW VOLTAGE

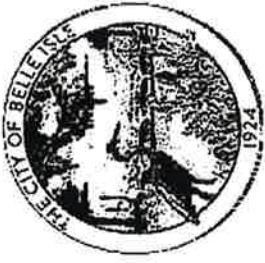
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login ID = cobi@universallengengineering.com

password = universa113



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APPLICATION FOR MECHANICAL PERMIT APR 17 2017

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Project Address 3536 Brighton Park Cir Lot 7 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: 29-23-30-0906-00-070

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Ventilation: (Number of) Grease _____ Heat _____ Hoods, Air Intakes _____ Exhaust Fans 3 Dryer Vents _____ Estimated Cost \$ _____

Refrigeration: Number of units _____ Estimated Cost \$ _____
Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____
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Was the space previously Air Conditioned? Yes No (B) Estimated Cost Fee \$ _____
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City Winter Park
Email Address adlyn.rodriguez@onestopcooling.com

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

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

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Building Permit Number 2017-04-65



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

Comments: Bldg 15

Project Information
Address: Lot 08 - 3540 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-080
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

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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

8-10-17

CC or Check

VISA 5042

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

1 BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd _____ (Slab)

3rd _____ (Lintel) (Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing) (Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

1 ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to 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.

For a copy of your permit, or to check inspection results, please visit <https://universallenginering.sharefile.com>

login ID = cobi@universallenginering.com

password = [universa113](https://universallenginering.sharefile.com)



City of Belle Isle

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

RECEIVED

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: 7/27/17 BUY US PERMIT NUMBER 2017-08-002
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 3540 Brighton Park Cir Lot 8 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: 29-23-30-0906-00-080
REQUIRED! To obtain this information, please visit <https://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 KWS Per Unit 1.5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric Boiler _____ Gas _____

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 Stop Cooling and Heating
Street Address 7225 Sandscore Court
City Winter Park State FL Zip Code 32792 Phone Number 407-975-2762
Email Address adlyn.rodriguez@onestopcooling.com

Permit Fee \$ 110.-
Review Fee \$ 55.-
1% BCAIB Fee \$ 2.-
1.5% DCA Fee \$ 248
Total Permit Fee \$ 169.48

Building Official: [Signature] Date 8-1-17
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-1-17

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 2017-04-066



City of Belle Isle

Universal Engineering Sciences 3532 Maggle 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

Per FBC 105.3: 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 15

Project Information
Address: Lot 09 - 3544 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-090
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: 2017-08-053

Date of Application: 08/08/2017

Date Permit Issued: 08/09/2017

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

8-10-17

CC or Check

158 5002

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

1st

(Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd

(Slab)

3rd

(Lintel)Wall Reinforcing on Masonry Building)

4th

(Exterior Framing)/(Roof/Wall Sheathing)

5th

(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th

(Insulation to be Made After Roof Installed)

7th

(Drywall)

8th

(Sidewalk/Driveway)

9th

(Other)

10th

(Final - After MEP and Other Applicable Finals)

ROOFING

OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1ST ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st

(Underground) 2nd (Sewer)

3rd

(Rough-In/Tub Set) 4th (Final)

CHECK APPROPRIATE BOX

GAS ___Natural ___LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st

(Rough-In) 2nd (Final)

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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = cobi@universalengineering.com

password = universal13



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 PAYMENT BEING 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: 7/27/17 Bay US PERMIT NUMBER 2017-08-053
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3534 Brighton Park Cir Lot 9 Belle Isle FL 32809 X32812
Property Owner Mattamy Homes Phone _____
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0906-00-0910
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 \$ 4747
Type of System: Water to Air _____ Split System Package _____ Heat Pump _____
Heating: # of Units KWS Per Unit 1.5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric Boiler _____ Gas _____

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 Step 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@onestepcooling.com

Permit Fee \$ 110.50
Review Fee \$ 55.00
1% BCAIB Fee \$ 2.00
1.5% DCA Fee \$ 2.48
Total Permit Fee \$ 170.48

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

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 2017-04-067



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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3: 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 15

Project Information
 Address: Lot 10 - 3548 Brighton Park Circle, Belle Isle, FL 32812

Parcel ID: 29-23-30-0906-00-100
 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: 2017-08-054

Date of Application: 08/08/2017

Date Permit Issued: 08/09/2017

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 Endl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.48

TOTAL FEES \$169.48

Date Paid

8-10-17

CC or Check #VSA 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

1st

(Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd

(Slab)

3rd

(Lintel)Wall Reinforcing on Masonry Building)

4th

(Exterior Framing)(Roof/Wall Sheathing)

5th

(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th

(Insulation to be Made After Roof Installed)

7th

(Drywall)

8th

(Sidewalk/Driveway)

9th

(Other)

10th

(Final - After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1ST ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1ST

(Underground) 2nd (Sewer)

3rd

(Rough-In/Tub Set) 4th (Final)

CHECK APPROPRIATE BOX

GAS ___Natural___LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st

(Rough-In) 2nd (Final)

Inspection requests are to be emailed to BiDscheduling@Universallengengineering.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.

For a copy of your permit, or to check inspection results, please visit <https://universallengengineering.sharefile.com>

login ID = cobi@universallengengineering.com

password = universal13



City of Belle Isle

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



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: 7/27/17 Buly S PERMIT NUMBER 2017-08-054
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3548 Brighton Park Circle 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: 29-23-30-0906-00-100
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 2.5 Total Tons 2.5 Estimated Cost \$ 4990
Type of System: Water to Air _____ Split System Package _____ Heat Pump _____
Heating: # of Units KWS Per Unit 1.5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric Gas _____

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 Stone COMPANY NAME One Step 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@onestepcooling.com

Permit Fee \$ 110.-
Review Fee \$ 55.-
1% BCAIB Fee \$ 2.48
1.5% DCA Fee \$ 2.48
Total Permit Fee \$ 118.96

Building Official: [Signature] Date 8-8-17
Verified Contractor's Licenses & Insurance are on file [Signature] Date 6-8-17

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 2017-04-068



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 barbecue 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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	CAC032444
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**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)
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).

PRODUCER Bouchard Insurance 101 N Starcrest DR Clearwater FL 33765		CONTACT NAME: PHONE (A.C.No. Ext): 727-447-6481 FAX (A.C.No.): 727-449-1267 E-MAIL ADDRESS: clicerts@bouchardinsurance.com	
INSURED ONESTOPC One Stop Cooling & Heating, LLC One Stop Cooling & Heating Tampa LLC *See below for complete named insured 7225 Sandscove Court Suite 1 Winter Park FL 32792		INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24112	

COVERAGES **CERTIFICATE NUMBER: 1026864640** **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	ADDITIONAL SUBSCRIBER	INSURANCE	WARRANTY	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> DED \$0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	Y	CMM7975128	1/1/2017	1/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/POP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP 10,000	Y	Y	Y	CMM7975128	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> X RETENTION \$ \$0	Y	Y	Y	CMM7975128	1/1/2017	1/1/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								

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 CITY OF BELLE ISLE 1600 NELA AVENUE BELLE ISLE FL 32809	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)
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).

PRODUCER Bouchar'd Insurance for WBS P.O. Box 6090 Clearwater, FL 33758-6090		CONTACT NAME:	
		PHONE [A/C, No. Ext.]: (866) 293-3600 ext. 623	FAX [A/C, No.]:
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : American Zurich Insurance Company	NAIC # 40142
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: M16FL079829457

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	ADDITIONAL SUBSCRIBER (ISSD, WVD)	POLICY NUMBER	POLICY EFF. (MMDDYYYY)	POLICY EXP. (MMDDYYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB					\$ \$
	DED. RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in MI) 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 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 Sandscove 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 AC-Allife, Cool-Way A/C; One Stop Electrical Services LLC dba One Stop Plumbing Services; One Stop Enterprise Florida, LLC.

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Ave
Belle Isle, FL 32809

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ful 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
1801	CERTIFIED RESIDENTIAL	\$30.00	1	EMPLOYEE	1801 BUILDING CONTRACTOR
				\$40.00	15
				\$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

is local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and 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
1801	CERTIFIED RESIDENTIAL	\$30.00	1	EMPLOYEE	1801 BUILDING CONTRACTOR
				\$40.00	15
				\$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.