



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105 3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE TOWN OF WINDERMERE, FLORIDA.

Scope of Work: MECHANICAL: c/o 4ton HVAC with no ductwork

Comments: None

Project Information

Address: 4908 Dorian Avenue, Belle Isle, FL 32812
Parcel ID: 17-23-30-4384-02-760
Property Owner: Allegretti, Carol
Phone Number: 561-239-5875

Company Name: Rinaldi's Heating & Air Conditioning Services
Contractor Name: Rinaldi, Robert
License Number: CAC055565
Address: 15264 E. Colonial Drive, Orlando, FL 32826
Phone Number: 407-275-0705

Permit Number: 2014-10-014

Date of Application: 10/10/2013

Date Permit Issued: 10/10/2013

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

School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical Fee \$
Temp Pole \$
Plumbing Fee \$
Mechanical Fee \$127.50
Gas Fee \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$131.50

Date Paid 10-15-13

CC or Check # Visa 2127

Amount Paid 131.50

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

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 1pm. 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.

Kewse d

Received
10-10-13



City of Belle Isle

1600 Neia Avenue, Belle Isle, FL 32808
Tel 407-851-7730 • Fax 407-240-2222 • www.cityofbelleislefl.org

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: 9/17/13 PERMIT NUMBER: 2014-10-014
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address: 4908 Dorixon Ave Belle Isle FL 32809 32812
Property Owner: Carol Allegre et al Phone: 561-239-5875
Property Owner's Mailing Address: Base Club Blvd City: Boca Raton
State: FL Zip Code: 33487 Parcel Id Number: 17-23-30-4381-02-160

To obtain this information, please visit www.cityofbelleislefl.org/inspections/contractsearch.asp

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

- REQUIRED To Down Engineering and Equipment Sizing Calculations
- REQUIRED, adding A/C to new space - provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, provide a Duct Certification as per FDS 101.4.7.1 (form can be found on website)

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

Air Conditioning: # of Units 1 Tons Per Unit 4 Total Tons 4 Estimated Cost \$ 6995
Type of System: Water to Air Chiller Split System Package Heat Pump
Heating: # of Units 1 Total KWs 10 BTU's
Oil Electric Boiler Gas
Estimated Cost \$

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

Ventilations: (Number of) Grasses Heat Hoods, Air Intakes Exhaust Fans Dryer Vents Estimated Cost \$
Refrigeration: Number of units Estimated Cost \$
Piping: Air Vacuum Steam Chill Water Estimated Cost \$
Others: (Specify) Estimated Cost \$

Was the space previously Air Conditioned? Yes No (B) Estimated Cost Fee \$

Building Official: *M. Perez* Date: 10-10-2013
Review & Permit Fee \$ 127.50
3% Florida Surcharge \$ 4.00
Total Permit Fee \$ 131.50

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 # CAC055565
LICENSE HOLDER NAME: Robert C. Rinaldi COMPANY NAME: Rinaldi's AC
Street Address: 15264 E Colonial Dr. State: FL Zip Code: 32826 Phone Number: 407-275-0705
City: Dunwoody

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.

PROJECT NUMBER 0115.1300203.0000

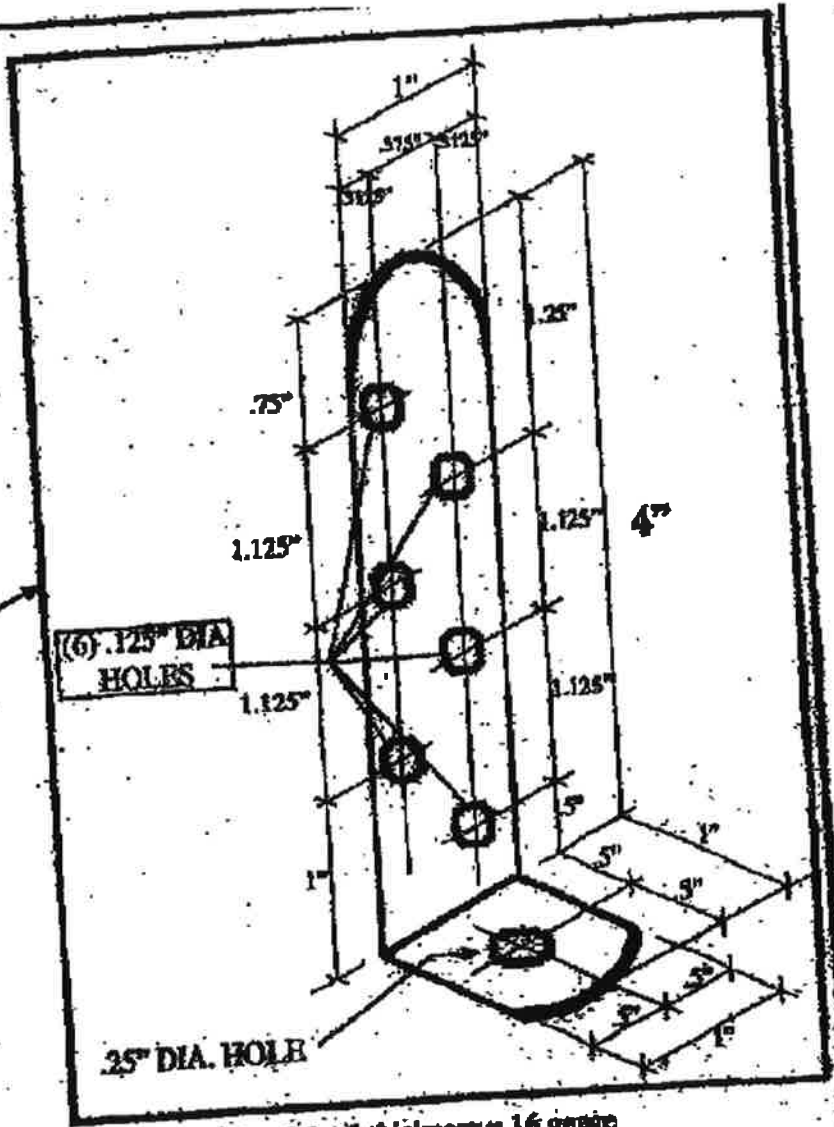
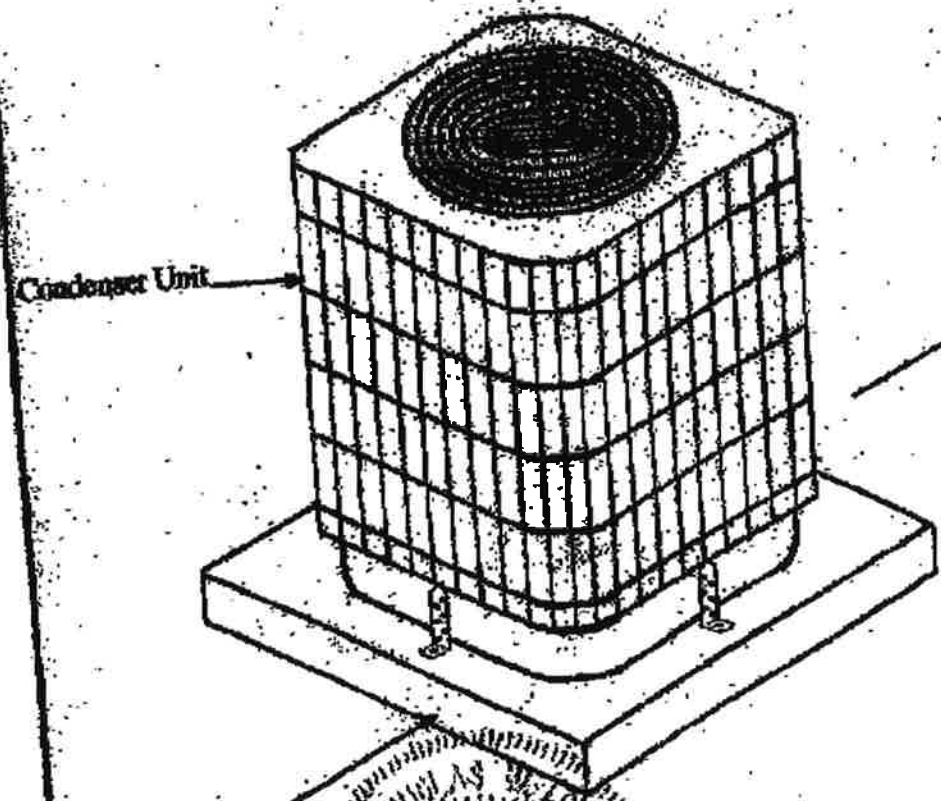
TASK NUMBER 43

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-10-014
Property Owner	Allegretti
Address	4908 Dorian Ave
Nature of Improvement	Mechanical
Received Application	10-10-13
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	10-10-13
Building Official Approved	10-10-2013
Comments	
1.	10-10-2013 A.P. No duct work
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

0005/007

#771 (4 pk.) / #772 (100 box) Anchor Clip



(6) .125" DIA HOLES

Metal thickness = 16 gauge

10/09/2013 WED 14:43 FAX

AUG 30 2010 3:19PM HP LINE...



The Metal Shop
 1189 Eldridge Street
 Clearwater
 FL 34756

PH: (813) 441-2492
 FAX: (813) 441-6495
 www.metalsshop.org

Submitting Engineer:
 Douglas W. Lowe, P.E.
 FLA # 13895
 1206 Millington Parkway
 Brandon, FL 33611

Revision Date	2/14/08	Drawn by	K.P.R.	Page	1 of 1
		Scale - Not to scale			



CERTIFICATE OF LIABILITY INSURANCE

DATE WRITTEN
8/14/2013

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 Leasiter-Ware Insurance of Maitland 2701 Maitland Center Parkway Suite 125 Maitland FL 32751	CONTACT: Bekah Pickering PHONE: (800) 845-8437 FAX: (888) 885-8580 E-MAIL: BPICKER@LEASITERWARE.COM ADDRESS: INSURERS AFFORDING COVERAGE INSURER A: United Fire & Casualty Company NAIC # 13021 INSURER B: St. Paul Fire & Marine Ins. Co 24767 INSURER C: IFM Insurance Company 10689 INSURER D: INSURER E: INSURER F:
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INSURED
Air Conditioning Contractors, Inc.
DBA Rinaldi's Air Conditioning Service
 15264 E. Colonial Drive
 Orlando FL 32826

COVERAGES
CERTIFICATE NUMBER: 13/14 Master Cert **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.

LINE	TYPE OF INSURANCE	ADDITIONAL INDEMNITY	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	<input checked="" type="checkbox"/>	60339268	9/15/2013 9/15/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES/EA OCCURRENCE \$ 100,000 MED EXP (ANY ONE PERSON) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY				
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>		60339268	9/15/2013 9/15/2014	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MED EXP (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	<input checked="" type="checkbox"/> UNEMPLOYMENT BENEFITS <input checked="" type="checkbox"/> DISABILITY BENEFITS <input type="checkbox"/> SICKLEAVE BENEFITS <input type="checkbox"/> RETIREMENT \$ 10,000 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>		60339268	9/15/2013 9/15/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 VOLUNTARY LIMIT \$ PER \$ OTH \$ ER \$
D	NON-OWNED AUTOS LIABILITY				
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>		60339268	9/15/2013 9/15/2014	EACH OCCURRENCE \$ 500,000 AGGREGATE \$ 500,000 VOLUNTARY LIMIT \$ PER \$
E	ADDITIONAL COVERAGES				
	<input type="checkbox"/>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 401, Additional Ratings Schedule, if more space is required)
 The certificate holder is an additional insured for ongoing operations under the terms and conditions of the general liability policy with respects to work being performed by the named insured as required by written contract.

CERTIFICATE HOLDER (407) 240-2222 City of Belle Isle 1600 Nola 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 Paul Zaccardi / RIBERR
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ACORD 25 (2010/05)
 RS025 (2010/05).01
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AC# 6223154

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L1207260068

DATE BATCH NUMBER LICENSE NBR

07/26/2012 120037880 CAC055565

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

RINALDI, ROBERT C
RINALDI'S AIR CONDITIONING SERVICE
15264 EAST COLONIAL DR
ORLANDO FL 32826

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

JOE KANONICH, Tax Collector

Local Business Tax Receipt

Orange County, Florida

Local Business Tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinances. Businesses are subject to regulation of zoning, health and safety authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquency penalty is added October 1.

*** ORIGINAL ***

1804	CONTR HARV CLA 1-10	2013	EXPIRES	9/30/2014	1804-0020437
5000	BUSINESS OFFICE	\$30.00	EMPLOYEE	1	\$30.00
		\$30.00	EMPLOYEE	4	\$30.00

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

RINALDI ROBERT QUALIFIER

15264 E COLONIAL DR
U - ORLANDO, 32826

RINALDI'S HEATING & AIR COND
RINALDI ROBERT QUALIFIER
15264 E COLONIAL DR
ORLANDO FL 32826-6817

PAID: \$60.00 099-00576794 7/9/2013

This receipt is official when validated by the Tax Collector.