



City of Belle Isle Job Site Card Mechanical PERMIT 2018-07-058

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. **You are responsible for scheduling and keeping track of all your inspections -**

Permit Number: 2018-07-058

Issue Date: 7/27/2018

Site Address: 1412 Conway Isle Cir 32809

Parcel 24-23-29-3490-00-350

Class: Residential

Sub-division:

Description of Work: **Change out of a (1) 1.5 ton unit & (1) 2.0 ton unit .**

Issued To: Del Air Heating & AC

Business Phone: 407 935-9904

Name: Dello Russo, Robert

Contractor License #: CAC032488

Payment Date & Method: 8 / 6 / 2018

Visa Master Card Amex Discover Check / Money Order # 1139

Schedule Inspections via Email at: BD scheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:30 PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

MECHANICAL INSPECTOR DATE COMMENTS

MECHANICAL	INSPECTOR	DATE	COMMENTS
500 Above Ceiling			
510 Rough			
520 Hood Vent			
530 Final			

Inspection requests are to be emailed to BD scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3:30 pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



City of Belle Isle

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

RECEIVED
JUL 26 2018

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: 7/26/18 PERMIT NUMBER 2018-07-058
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 1412 Conway Isle Circle Belle Isle FL 32809 32812
Property Owner Rex Frieze Phone _____
Property Owner's Mailing Address 1412 Conway Isle City Belle Isle
State FL Zip Code 32809 Parcel Id Number: _____

To obtain this information, please visit <http://www.ocpaf.org/Searches/ParcelSearch.aspx>

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

- REQUIRED certified Tie Down Engineering documentation (can be found at www.floridabuilding.org)
- REQUIRED: if adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations
- REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

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

Air Conditioning: # of Units 2 Tons Per Unit 1-3.5 Total Tons 7.0
Type of System: Water to Air Chiller Split System Package Heat Pump
Heating: # of Units 2 KWS Per Unit 2 Total KWS 4 BTU's 1-sky
Oil Electric Boiler Gas 1-10K
Estimated Cost \$ _____
(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 \$ 11,989.00

Refrigeration: Number of units _____ Estimated Cost \$ _____

Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) Hvac change out no ductwork Estimated Cost \$ _____

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

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE _____ LICENSE # CAC032488
LICENSE HOLDER NAME Robert Co. Della Russa COMPANY NAME Del Air Heating & AC
Street Address 531 Codisco way
City Sanford State FL Zip Code 32771 Phone Number 407-935-9904
Email Address Sales.jobsc@delair.com

Building Official: _____ Date _____	Permit Fee	\$ <u>79.00</u>
Verified Contractor's Licenses & Insurance are on file <u>fr</u> Date <u>7-26-2018</u>	Review Fee	\$ <u>39.50</u>
	3% Florida Surcharge	\$ <u>4.00</u>
	Total Permit Fee	\$ <u>122.50</u>

PENDING NOC

base 37

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.

7x6

42
79.50
39.50
118.50

PAID
8-9-2018
MC 1139

Permit Number: _____
 Folio/Parcel ID #: 211-23-29-3490-00-352
 Prepared by: Del Air Heating & AC
531 Codisco Way
Sanford FL 32771
 Return to: Del Air Heating & AC
531 Codisco Way
Sanford FL 32771



Highlands at Lake Conway
 45/11 Lot 35

NOTICE OF COMMENCEMENT

State of Florida, County of Orange
 The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property (legal description of the property, and street address if available)
1412 Conway Isle Dr. Belle Isle FL 32809
- General description of improvement
HVAC Full System Change out no duct work
- Owner Information or Lessee information if the Lessee contracted for the improvement
 Name Rex + Penny Frieze
 Address 1412 Conway Isle Cir Belle Isle, FL 32809
 Interest in Property Owner
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address N/A
- Contractor
 Name Del Air Heating & AC Telephone Number 407.333.2685
 Address 531 Codisco Way Sanford FL 32771
- Surety (if applicable, a copy of the payment bond is attached)
 Name N/A Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender
 Name N/A Telephone Number _____
 Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.
 Name N/A Telephone Number _____
 Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.
 Name N/A Telephone Number _____
 Address _____
- Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) N/A



State of Florida, County of Orange
 I hereby certify that this is a true copy of the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: [Signature]
 DATED: AUG 03 2018

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee or Owner's or Lessee's Authorized Officer, Director, Partner, or Manager: [Signature]
 The foregoing document was acknowledged before me this 3 day of 8/18 by Rex Frieze

Signature of Notary Public - State of Florida: [Signature]
 Name of Notary Public: Cheryl D Akers

Partially Covered: _____
 Type of Lien: _____



DL# 620-729-51-132-0



Certificate of Product Ratings

AHRI Certified Reference Number : 10153784

Date : 07-12-2018

Model Status : Active

AHRI Type : HRCU-A-CB

Series : XR16

Outdoor Unit Brand Name : TRANE

Outdoor Unit Model Number (Condenser or Single Package) : 4TWR6000H1

Indoor Unit Model Number (Evaporator and/or Air Handler) : TEM6A0C60V51+TDR

The manufacturer of this TRANE product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of ANSI/AHRI 210/240 with Addenda 1 and 2, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 54000

SEER : 15.25

EER (A2) - Single or High Stage (95F) : 12.00

Heating Capacity (H12) - Single or High Stage (47F) : 50000

HSPF (Region IV) : 9.25

*"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale. Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

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we make life better™

CERTIFICATE NO.:

131759195452902109



This combination qualifies for a Federal Energy Efficiency tax Credit when placed in service between Feb 17,2009 and Dec 31, 2016.

Certificate of Product Ratings

AHRI Certified Reference Number : 7562095

Date : 07-12-2018

Model Status : Active

AHRI Type : HRCU-A-CB

Series : XR16

Outdoor Unit Brand Name : TRANE

Outdoor Unit Model Number (Condenser or Single Package) : 4TWR6024H1

Indoor Unit Model Number (Evaporator and/or Air Handler) : TEM6A0B24H21+TDR

The manufacturer of this TRANE product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of ANSI/AHRI 210/240 with Addenda 1 and 2, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 24200

SEER : 16.00

EER (A2) - Single or High Stage (95F) : 13.00

Heating Capacity (H12) - Single or High Stage (47F) : 22000

HSPF (Region IV) : 9.00

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.
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we make life better™

CERTIFICATE NO.:

131759198776492355

BMP International

2010 Florida Building Code State Approved, FL 14239-R1 EQUIPMENT TIE DOWNS

TD04	1" x 4" Tie Down Clip, Galv/Powder Coat, 4/Bag
TD06	1" x 6" Tie Down Clip, Galv/Powder Coat, 4/Bag
TD08	1" x 8" Tie Down Clip, Galv/Powder Coat, 4/Bag
TD04SS	1" x 4" Tie Down Clip, Stainless Steel, 4/Bag
TD06SS	1" x 6" Tie Down Clip, Stainless Steel, 4/Bag
TD042L	2" x 4" Tie Down Clip, Galv/Powder Coat, 4/Bag
TD062L	2" x 6" Tie Down Clip, Galv/Powder Coat, 4/Bag
TD062	2" x 6" Fat Cat Clip, Galvanized, 4/Bag

BMP International, Inc., 4710 28th St N, St. Petersburg, FL 33714 - 727-458-0544

Note: This file contains approval information from www.floridabuilding.org for BMP tie down clips. Information required by building departments will vary, from listing the approval number, FL14239-R1, on your permit application to submitting copies of the drawings. Consult with the individual building departments for their requirements. This file can be downloaded in PDF format for use. Drawings 1-4 contain the installation instructions.

Data Contained In Search Results Is Current As Of 09/19/2016 09:09 AM.

Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/Rank	Status/Expires
Certified Air Conditioning Contractor	DEL-AIR HEATING A/C & REFR INC	DBA	CAC032448 Cert Air	Current, Active 08/31/2018
	License Location Address*:	531 CODISCO WAY SANFORD, FL 32771		
	Main Address*:	531 CODISCO WAY SANFORD, FL 32771		
Certified Air Conditioning Contractor	DELLO RUSSO, ROBERT G	Primary	CAC032448 Cert Air	Current, Active 08/31/2018
	License Location Address*:	531 CODISCO WAY SANFORD, FL 32771		
	Main Address*:	531 CODISCO WAY SANFORD, FL 32771		

[Back](#)
[New Search](#)

* denotes

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2018

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 have ADDITIONAL INSURED provisions or 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 Stahl & Associates Insurance, Inc. 250 International Parkway Suite 128 Lake Mary FL 32746		CONTACT NAME: Karen Hall PHONE (A/C, No, Ext): (407)833-8998 E-MAIL ADDRESS: karen.hall@stahlinsurance.com FAX (A/C, No): (407)833-3909																						
INSURED Del-Air Heating, A/C & Refrigeration, Inc. Del-Air Appliance Centers, LLC 531 Codisco Way Sanford FL 32771		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Trust Insurance Co</td> <td></td> <td>20141</td> </tr> <tr> <td>INSURER B: FCCI Insurance Company</td> <td></td> <td>10178</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: National Trust Insurance Co		20141	INSURER B: FCCI Insurance Company		10178	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES CERTIFICATE NUMBER: CL1851442388 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL0016798	06/01/2018	06/01/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA100002294	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-			UMB0019058	06/01/2018	06/01/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			001WC18A73661	06/01/2018	06/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Contractors Equipment			CM0008203	06/01/2018	06/01/2019	Leased/Rented Equip:	\$50,000

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

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

JBL

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SEMINOLE COUNTY BUSINESS TAX RECEIPT

JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR
PO BOX 630 | SANFORD, FL 32772 | 407-665-1000
WWW.SEMINOLECOUNTY.TAX

VALID THROUGH 09/30/18

DEL AIR HEATING AC REFRIGERANT INC
531 CODISCO WAY
SANFORD, FL 32771

Account #:017508

ROBERT G DELLO RUSSO (OFFICER)

REGULATED
License # - CA C032448
Qualifier- DELLO RUSSO ROBERT G
**SANFORD CITY LICENSE REQUIRED **

Receipt #: WEB#2017072814784

Amount Paid: \$ 45.00

Date Paid: 07/28/2017

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

• **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so the business shall be subject to the payment of another business tax for the same business or profession.

• **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt ([FS] 205.053 [2]).

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

• **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

DEL AIR HEATING AC REFRIGERANT INC
531 CODISCO WAY
SANFORD, FL 32771

RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

Sign up for e-Notify...

1412 Conway Isle Cir < 24-23-29-3490-00-350 >

Name(s)
Frieze Rex I
Frieze Penny L

Physical Street Address
1412 Conway Isle Cir

Postal City and Zipcode
Orlando, FL 32809

Mailing Address On File
1412 Conway Isle Cir
Belle Isle, FL 32809-3598
incorrect Mailing Address?

Property Use
0103 - Single Fam Class III

Municipality
Belle Isle



View 2017 Property Record Card

- Property Features**
- Values, Exemptions and Taxes
- Sales Analysis
- Location Info
- Market Stats
- Update Information

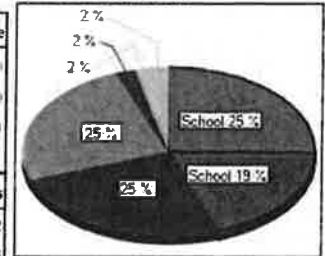
Historical Value and Tax Benefits

Has Homestead in 2018

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2017	\$130,000	\$328,626	\$21,160 =	\$479,786	\$434,837
2016	\$140,000	\$318,671	\$21,660 =	\$480,331	\$425,993
2015	\$140,000	\$283,927	\$22,160 =	\$446,087	\$422,932
2014	\$140,000	\$262,815	\$16,760 =	\$419,575	\$419,575

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2017	\$25,000	\$25,000	\$0	\$44,949	\$1,462
2016	\$25,000	\$25,000	\$0	\$54,438	\$1,656
2015	\$25,000	\$25,000	\$0	\$23,155	\$1,122
2014	\$25,000	\$25,000	\$0	\$0	\$709

2017 Tax Breakdown



2017 Taxable Value and Certified Taxes

TAX YEAR | 2017 • 2016 • 2015 • 2014

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes %
Public Schools: By State Law (Rle)	\$434,837	\$25,000	\$409,837	4.2220 (7.47%)	\$1,730.33 25 %
Public Schools: By Local Board	\$434,837	\$25,000	\$409,837	3.2480 (0.00%)	\$1,331.15 19 %
Orange County (General)	\$434,837	\$50,000	\$384,837	4.4347 (0.00%)	\$1,706.64 25 %
City Of Belle Isle	\$434,837	\$50,000	\$384,837	4.4018 (0.00%)	\$1,693.98 25 %
Library - Operating Budget	\$434,837	\$50,000	\$384,837	0.3748 (0.00%)	\$144.24 2 %
St Johns Water Management District	\$434,837	\$50,000	\$384,837	0.2724 (5.58%)	\$104.83 2 %
Lake Conway Mstu	\$434,837	\$50,000	\$384,837	0.4107 (0.00%)	\$158.05 2 %
			17.3644		\$6,869.22

2017 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BELLE ISLE RES - GARBAGE - (407)851-7730	1.00	\$200.00	\$200.00
CITY OF BELLE ISLE	BELLE ISLE STRM - DRAINAGE - (407)851-7730	1.00	\$100.00	\$100.00
				\$300.00

2017 Gross Tax Total: \$7,169.22

2017 Tax Savings Tax Savings

Your property taxes without exemptions would be: \$8,331.20
 Your ad-valorem property tax with exemptions is: - \$6,869.22
Providing You A Savings Of: = \$1,461.98

This Data Printed on 07/25/2018 and System Data Last Refreshed on 07/24/2018