



City of Belle Isle Job Site Card Mechanical PERMIT 2018-08-057

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- 08-057
Site Address: 1421 Waltham Ave 32809
Class: Residential

Issue Date: 8/22/2018
Parcel #: 24-23-29-5306-02-080
Subdivision:

Description of Work: (1) 3 ton unit

Issued To: RAINALDI PLUMBING INC
Name: RAINALDI CHRISTOPHER PAUL

Business Phone: 407 282-2900
Contractor License # CAC1817022

Payment Date & Method: 8 /28 / 2018 Picked up by _____
 Visa Master Card Amex Discover Check / Money Order # 5606

Schedule Inspections via Email at: BDscheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 3:00 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 BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3pm.** 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

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

RECEIVED
BY: AUG 22 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: 8/22/18 PERMIT NUMBER 2018-08-057
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 1421 Waltham Ave, Belle Isle FL 32809 32812
Property Owner Charles L. Wiles Phone 407 404-1811
Property Owner's Mailing Address 1421 Waltham Ave City Belle Isle
State Florida Zip Code 32809 Parcel Id Number: 24-23-29-5306-02-080

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

- REQUIRED Tie Down Engineering and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space - provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, provide a Duct Certification as per FB 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 3 Total Tons _____
Type of System: Water to Air _____ Chiller _____ Split System Package _____ Heat Pump _____
Estimated Cost \$ 6,982.27

Heating: # of Units KWS Per Unit _____ Total KWS 8 BTU's _____
Oil _____ Electric Boiler _____ Gas _____
Estimated Cost \$ _____
(A) Estimated Cost Fee \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

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

Refrigeration: Number of units _____
Estimated Cost \$ _____

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

Others: (Specify) _____
Estimated Cost \$ _____

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

Building Official: SM Date 8/22/18
Review & Permit Fee \$ 82.50
3% Florida Surcharge \$ 4 min
Total Permit Fee \$ 86.50

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 # CAC1817022
LICENSE HOLDER NAME Christopher Rainaldi COMPANY NAME Rainaldi Plumbing
Street Address 16111 Old Cheney Highway
City Orlando State Florida Zip Code 32807 Phone Number 407 282-2900

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 _____

base 37
3x6 18
55.50
22.50
82.50

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #MEC010

PAID
8-22-2018
MC 5606



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC
6111 OLD CHENEY HWY
ORLANDO FL 32807**

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!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CAC1817022 ISSUED: 07/19/2016

**CERTIFIED AIR COND CONTR
RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC**

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2018 L1607190005839

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
CAC1817022	

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

**RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC
6111 OLD CHENEY HIGHWAY
ORLANDO FL 32807**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2017

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 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 Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046		CONTACT NAME: Dawn Bennett PHONE (A/C, No, Ext): (407)886-3301 E-MAIL ADDRESS: Dawn@Gentryins.com FAX (A/C, No): (407)886-9530	
INSURED A. Rainaldi Plumbing Inc., DBA: Rainaldi Plumbing, Inc. P O Box 574557 Orlando FL 32857-4557		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nautilus Insurance Co	NAIC #: 17370
		INSURER B: White Pine Insurance Company	11932
		INSURER C: Bridgefield Employers Ins. Co.	10701
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 17-18 GL/WC

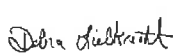
REVISION NUMBER:

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NN837404	09/30/2017	09/30/2018	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 type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			WPCA009612	03/21/2017	03/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0830-49118	09/30/2017	09/30/2018	<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

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

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Nela Ave. Belle Isle FL 32809	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

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

	2017		EXPIRES 9/30/2018		1803-0962395
1803	CONTR-PLUMBING	\$30.00	10 EMPLOYEES + 5000	BUSINESS OFFICE	\$30.00
1804	AIR CONDITIONING CON	\$30.00	1 EMPLOYEE		10 EMPLOYEES :

TOTAL TAX	\$90.00
REGULATED WASTE	\$50.00
TRANSFER FEES	\$9.00
PREVIOUSLY PAID	\$149.00
TOTAL DUE	\$0.00

6111 OLD CHENEY HWY
U - ORLANDO, 32807



• RAINALDI CHRISTOPHER PAUL
 RAINALDI PLUMBING INC
 RAINALDI CHRISTOPHER PAUL
 6111 OLD CHENEY HWY
 ORLANDO FL 32807-3642

PAID: \$149.00 (Multiple) 2503-03317211 10/4/2017

This receipt is official when validated by the Tax Collector.