



City of Belle Isle Job Site Card Mechanical PERMIT 2018-07-051

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- 07-051
Site Address: 1833 Wind Willow Rd 32809
Class: Residential

Issue Date: 7/25/2018
Parcel #: 30-23-30-9330-00-590
Subdivision:

Description of Work: (2 units) 2.5 and 3 ton units.

Issued To: AMBROSE AIR INC
Name: AMBROSE, PATRICK TREVOR

Business Phone: 407 857-0889
Contractor License #: CAC042735

Payment Date & Method: 7/31/2018

Visa Master Card Amex Discover Check / Money Order # 72el

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
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
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32814 2018
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

RECEIVED
 4/6/2018

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: 7/23/18

PERMIT NUMBER 2018-07-05.1

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

Project Address 1833 Wind Willow Rd Belle Isle FL 32809 32812
 Property Owner John Goddard Phone 407-855-8236
 Property Owner's Mailing Address same City _____
 State _____ Zip Code _____ Parcel # Number: 30-23-30-9330-00-590

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 2 Tons Per Unit 2.5, 3 Total Tons 5.5
 Type of System: Water to Air _____ Chiller _____ Split System _____ Package _____ Heat Pump Estimated Cost \$ 6498.50

Heating: # of Units KWS Per Unit 2-3KW 10KW Total KWS 18 BTU's _____ Estimated Cost \$ 6798.50
 Oil _____ Electric Boiler _____ Gas _____

(A) Estimated Cost Fee \$ 13,297.00

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 \$ _____

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 Patrick Ambrose LICENSE # CAC 042735

LICENSE HOLDER NAME Patrick Ambrose COMPANY NAME Ambrose Air, Inc.

Street Address 448 W. Landstreet Rd

City Orlando State FL Zip Code 32824 Phone Number 407.857.0889

Email Address becky@ambroseair.com

need NOC

Building Official: SM Date 7-25-18
 Verified Contractor's Licenses & Insurance are on file J Date 7-24-2018

PENDING - LIABILITY - WORK TAX Receipt

Permit Fee \$ 73.00
 Review Fee \$ 36.50
 1% BCAIB Fee \$ 2.00
 1.5% DCA Fee \$ 2.00
 Total Permit Fee \$ 113.50

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.

base 37
6 tons X 6 36
73.00
36.50
109.50

0115. 1300 307.0000

Building Permit Number _____
PAID
7-31-2018
 VISA 7201

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

LICENSE NUMBER	
CAC1816011	

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



AMBROSE, PATRICK TREVOR
AMBROSE AIR INC
448 W LANDSTREET ROAD
ORLANDO FL 32824-7838



ISSUED: 07/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607270001053

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

LICENSE NUMBER	
CAC042735	

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



AMBROSE, PATRICK TREVOR
AMBROSE AIR INC
448 W LANDSTREET RD
ORLANDO FL 32824



ISSUED: 07/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607270001052

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

1804 H A R V CONTRACTOR 2017 \$30.00 1 EMPLOYEE EXPIRES 9/30/2018 1804-0962457

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

AMBROSE PATRICK T

AMBROSE AIR INC
AMBROSE PATRICK T
448 W LANDSTREET RD
ORLANDO FL 32824-7838

448 W LANDSTREET RD
U - ORLANDO, 32824

PAID: \$30.00 0099-00801936 8/31/2017

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

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448 W LANDSTREET RD
ORLANDO FL 32824-7838

448 W LANDSTREET RD
U - ORLANDO, 32824

PAID: \$30.00 0099-00801936 8/31/2017

This receipt is official when validated by the Tax Collector.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/25/2018

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.

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.

PRODUCER: Insurance Office of America, Inc.
INSURED: Ambrose Air, Inc.
CONTACT NAME:
PHONE (A/C, No, Ext): (800) 243-6899
FAX (A/C, No): (407) 788-7933
INSURER(S) AFFORDING COVERAGE: INSURER A: Ohio Security Insurance Company, INSURER B: Ohio Casualty Insurance Company, INSURER C: FCCI Insurance Company, INSURER D: , INSURER E: , INSURER F:

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Crime.

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: [Signature]