



**City of Belle Isle Job Site Card Mechanical PERMIT 2018-08-050**

**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: 2018-08-050  
Site Address: 5501 Mccawley Ct 32809  
Class: Residential Subdivision:  
Description of Work: Change out one 3 ton unit

Issue Date: 8/21/2018  
Parcel # 18-23-30-8856-04-210

Issued To: CARPENTER'S COOLING LLC  
Name: CARPENTER, KEVIN W

Business Phone: 407 595-5946  
Contractor License #: CAC1818573

Payment Date & Method: 8 / 21 / 2018  Picked up by \_\_\_\_\_

Visa  Master Card  Amex  Discover  Check / Money Order # 5748

**Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com)  
SCHEDULE INSPECTIONS BY 3PM 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](mailto: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 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

RECEIVED  
AUG 20 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: 8/17/2018

PERMIT NUMBER 2018-08-050

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

Project Address 5501 McCawley Court 5501 McCawley Ct. Belle Isle FL 32809 32812  
Property Owner Joan Yale and Cynthia McIntyre Joan & Cynthia McIntyre Phone 407-492-0800  
Property Owner's Mailing Address 5501 McCawley Court City Belle Isle  
State FL Zip Code 32809 Parcel Id Number: 18-23-30-8856-04-210

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**
- **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 01 Tons Per Unit 03 Total Tons 03  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ 6500.00

**Heating:** # of Units 1 KWS Per Unit 5 kw Total KWS 5 kw 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) Like for Like, Equipment Change Out Only, No Duct Work 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 # CAC1818573 CAC1818573

LICENSE HOLDER NAME Kevin W. Carpenter Kevin Carpenter COMPANY NAME Carpenter's Cooling, LLC

Street Address 3506 Raeford Road Carpenters Cooling LLC

City Orlando State FL Zip Code 32806 Phone Number 407-595-5946

Email Address carpenterscooling@gmail.com 407-595-5946

Building Official: SM Date 8-21-18  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-21-18

Permit Fee	\$	<u>55.-</u>
Review Fee	\$	<u>27.00</u>
3% Florida Surcharge	\$	<u>4.- min.</u>
Total Permit Fee	\$	<u>86.50</u>

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 Building Permit Number \_\_\_\_\_

3x6  
18  
55.50  
27.00  
82.50

PAID  
8-21-2018  
MC 5948





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

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

**(850) 487-1395**

**CARPENTER, KEVIN W  
CARPENTER'S COOLING LLC  
4625 LONGWORTH DR  
ORLANDO FL 32812**

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 barbeque 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](http://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**

<b>LICENSE NUMBER</b>	
CAC1818573	

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

**CARPENTER, KEVIN W  
CARPENTER'S COOLING LLC  
4625 LONGWORTH DR  
ORLANDO FL 32812**

ISSUED: 09/01/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1609010001775



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/28/2017

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).

<b>PRODUCER</b>  MARVEL QUEVEDO INSURANCE, LLC 5062 SOUTH CONWAY ROAD ORLANDO, FL 32812	<b>CONTACT NAME:</b> MARVEL QUEVEDO <b>PHONE (A/C, No, Ext):</b> 407-737-7778 <b>E-MAIL ADDRESS:</b> marvel.Q@allstate.com	<b>FAX (A/C, No):</b> 407-737-7779
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: SCOTTSDALE INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b>  CARPENTER'S COOLING LLC - c/o KEVIN CARPENTER 3506 RAEFORD RD ORLANDO, FL 32806		

**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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CPS2911550	10/28/2017	10/28/2018	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 500,000
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS    OTHER \$ E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

HVAC WORK

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Marvel Quevedo</i>





**Scott Randolph, Tax Collector**

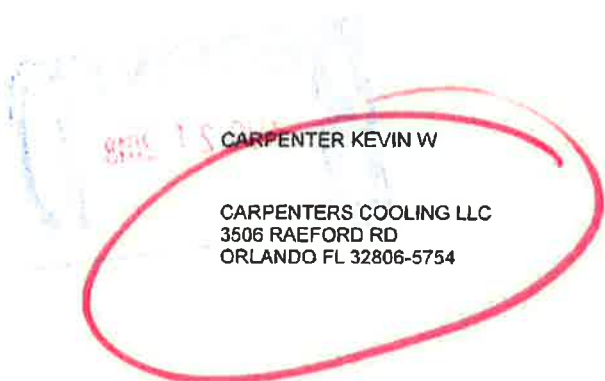
**Local Business Tax Receipt**

**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.

2017      **EXPIRES 9/30/2018**      5000-1165352  
5000 BUSINESS OFFICE      \$30.00 1 EMPLOYEE ; 1804 CERT A/C CONTRACTOR      \$30.00 1 EMPLOYEE ;

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



4625 LONGWORTH DR (MOBILE)  
U - ORLANDO, 32812

PAID: \$60.00 0098-00784447 7/20/2017

**Scott Randolph, Tax Collector**

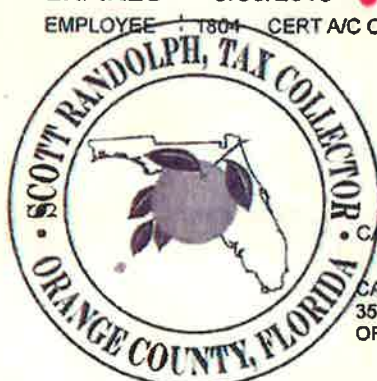
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CARPENTER KEVIN W  
CARPENTERS COOLING LLC  
3506 RAEFORD RD  
ORLANDO FL 32806-5754

4625 LONGWORTH DR (MOBILE)  
U - ORLANDO, 32812

PAID: \$60.00 0098-00784447 7/20/2017

This receipt is official when validated by the Tax Collector.