



City of Belle Isle Job Site Card **GAS PERMIT** 2019-08-054

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: 2019- 08-054 **Issue Date:** 08/20/2019
Site Address: 2935 Nela Ave 32809 **Parcel #:** 29-23-30-4389-01-031
Class: Residential **Subdivision:**
Description of Work: Gas – for a generator.

GAS OUTLETS 1 DELIVERY PRESSURE 13"WC TOTAL # BTU'S 399,000

Issued: Sams Gas Co. **Business Phone: 407 855-1903**
Name: Sams, Randall **Contractor License #: 01689**
Payment Date & Method: 8 / 29 / 2019 Picked up or sent by _____ Emailed
 Visa Master Card Amex Discover Check / Money Order # 0906

Schedule Inspections via Email at: BD scheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 3:00 PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following Business Day

GAS	INSPECTOR	DATE	COMMENTS
400 Rough			
410 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 3:00 p.m.** 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.

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

"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."



City of Belle Isle

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

RECEIVED
AUG 19 2019

APPLICATION FOR GAS 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: 8/19/19 PERMIT NUMBER: 2019-08-054

The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas Installations as indicated below. PLEASE PRINT

Project Address 2935 Nela Ave Belle Isle FL 32809 32812
Property Owner Michael Donovan Phone 407-856-4666
Property Owner's Mailing Address 2935 Nela Ave City Orlando
State FL Zip Code 32809 Parcel Id Number: 29-23-30-4389-01-031

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

GAS OUTLETS 1 DELIVERY PRESSURE 13" WC TOTAL # BTU'S 399,000

***** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED *****
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS

Type of Appliance	Qty	Value of Each*
DRYER		\$
FURNACE		\$
FIREPLACE		\$
RANGE		\$
WATER HEATER		\$
GRILL		\$
POOL HEATER		\$
SPA		\$
BOILER		\$
MISC Generator	1	\$1795.00

Estimated Value for Labor & Appliance(s) = \$ 1795.00

Special Comments:
USA 0906
PAID
8-29-19
1511K + 1K
62
10
72:2
36
108.-

*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: Kojemianski Date 8/19/19
Verified Contractor's Licenses & Insurance are on file (SW) Date 8-20-19

Permit Fee \$ 72.-
Review Fee \$ 36.-
1% BCAIB Fee \$ 2.00
1.5% DCA Fee \$ 2.00
Total Permit Fee \$ 112.-

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 # 01689
LICENSE HOLDER NAME Kanda Sims COMPANY NAME Sims LP Gas Co
Street Address 8222 Sorange Ave
City Orlando State FL Zip Code 32809 Phone Number 407 855 1903
Email Address permits@samsgas.com

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued.

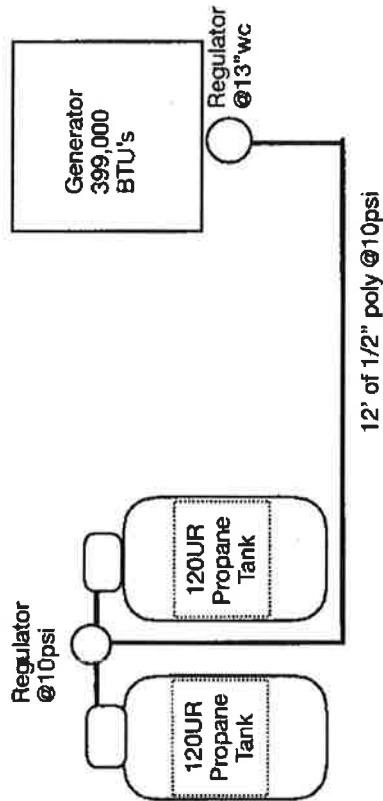
Building Permit Number 2019-08-029

Customer:

Mike Donovan
2935 Nela Ave
Orlando Florida 32809

Contractor:

Sams LP Gas co.
8222 S Orange Ave
Orlando, Fl 32809
Lic#01689



Contact:

Luis Comulada
lcomulada@samsgas.com
407-748-0919

Generator	399000	0
<u>Exterior BTU's</u>	399000	0
		0
		0
		0
		0
<u>Interior BTU's</u>		0

2019-08-054





State of Florida
Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: LG01689
Effective Date: September 1, 2018
Expiration Date: August 31, 2019 ✓

Liquefied Petroleum Gas License

LP GAS DEALER

GOOD FOR ONE LOCATION ONLY
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE
INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

SAMS LP GAS COMPANY
8222 S ORANGE AVE
ORLANDO, FL 32809-6733

ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

Tax Collector Scott Randolph

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

Local Business Tax Receipt

Orange County, Florida

3205 LP GAS-DEALER 2018 EXPIRES 9/30/2019 3205-0971358
\$90.00 41 EMPLOYEES

TOTAL TAX \$90.00
PREVIOUSLY PAID \$90.00
TOTAL DUE \$0.00



SAMS RANDAL J
SAMS LP GAS CO
SAMS RANDAL J
P O BOX 593641
ORLANDO FL 32859-3641

8222 S ORANGE AV
A - ORLANDO, 32809

PAID: \$90.00 0098-00844390 7/31/2018

This receipt is official when validated by the Tax Collector.



State of Florida
Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Compliance
(850) 921-1600
Tallahassee, Florida

Certificate No: 01964
Exam Date: August 14, 2000
Issue Date: August 14, 2018
Expiration Date: August 13, 2021
Exam: M1

Master Qualifier Certificate

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:

RANDAL SAMS

01689
SAMS LP GAS COMPANY
8222 S ORANGE AVE
ORLANDO, FL 32809-6733

ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2018

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 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 Jamerson McLean Corporation P.O. Box 621149 825 Executive Drive Oviedo FL 32762	CONTACT NAME: Elizabeth Cox PHONE (A/C, No. Ext.): 800-393-6640 FAX (A/C, No.): 407-366-8508 E-MAIL ADDRESS: elizabeth@mcleaninsurance.com														
	INSURER(S) AFFORDING COVERAGE														
INSURED KRS Holding, Inc.; Sams LP Gas Company; Sams H, LLC, dba Mulligan Propane and Sams H, LLC, dba Producers Gas P.O. Box 593641 Orlando FL 32809	<table border="1"> <tr> <th>INSURER A</th> <th>NAIC #</th> </tr> <tr> <td>United States Fire Insurance Co.</td> <td>21113</td> </tr> <tr> <td>RetailFirst Insurance Company</td> <td>10700</td> </tr> <tr> <td>Hallmark Specialty Insurance Company</td> <td>26808</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A	NAIC #	United States Fire Insurance Co.	21113	RetailFirst Insurance Company	10700	Hallmark Specialty Insurance Company	26808	INSURER D:		INSURER E:		INSURER F:	
INSURER A	NAIC #														
United States Fire Insurance Co.	21113														
RetailFirst Insurance Company	10700														
Hallmark Specialty Insurance Company	26808														
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.

INSR LTR	TYPE OF INSURANCE	ADOL/SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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		506-895556-5	01/01/2019	01/01/2020	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 PRODUCTS - COMPROP AGG: \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		506-895556-5	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident): \$ 1,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$ PIP: \$ 10,000
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		77HX18912C	01/01/2019	01/01/2020	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	Y/N Y	520-06128	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> WC STATL TOBY L/MITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT: \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE: \$ 1,000,000 E.L. DISEASE - POLICY LIMIT: \$ 1,000,000

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

Exempt Officer: Randal Sams 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  <GEG>
---	---