



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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: MECHANICAL: One 4 ton Unit

Permit Number: 2014-04-036
 Date of Application: 04/21/2014
 Date Permit issued: 04/22/2014

Comments: No Duct Work

Project Information
 Address: 5337 Jade Circle, Belle Isle, FL 32812
 Parcel ID: 20-25-30-4395-00-090
 Property Owner: Whitmore, Jeffrey
 Phone Number: 407 859 4538

 Company Name: Lukas Refrigeration and A/C Inc.
 Contractor Name: Lukas, Jeffrey
 License Number: CAC055563
 Address: 311 Aulin Ave, suite 200, Oviedo, FL 32765
 Phone Number: 407-365 9521

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$255.00
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$3.83
 Surcharge Fee \$3.83

TOTAL FEES \$262.76

Date Paid

4-24-14
 CC or Check # VISA 5366
 Amount Paid 262.76

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO
 Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st _____ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd _____ (Slab)

3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS Natural LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BidScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = [universall13](http://universalengineering.com)

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-04-036
Property Owner	Whitmire, Jeffrey
Address	5337 Jade Circle
Nature of Improvement	Mechanical- one 4-ton unit
Received Application	4-21-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	4-21-14
Building Official Approved	4-22-2014
Comments	
1.	Susan 4-21-14 GLV wcv BLV
2.	renew wo # 36683
3.	Susan 4-22-14 email sent - ready ✓
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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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: 4/17/2014

PERMIT NUMBER 2014-04-036

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

Project Address 5337 Jade Circle Belle Isle FL 32809 32812
Property Owner Mark Whitmire Phone 407-859-4538
Property Owner's Mailing Address 5337 Jade Circle City Belle Isle
State FL Zip Code 32812 Parcel Id Number: 20-23-30-4396-00-090
To obtain this information, please visit: <http://www.ocpatfl.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:** if adding A/C to new space, provide Energy 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 1 Tons Per Unit 4 Total Tons 4 Estimated Cost \$ _____
Type of System: Water to Air _____ Split System _____ Package _____ Heat Pump 1 Estimated Cost \$ _____
Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's 46000 Estimated Cost \$ _____
Oil _____ Electric _____ Boiler _____ Gas _____ (A) Estimated Cost Fee \$ 7470.00

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 _____ Dyer Vents _____ Estimated Cost \$ _____
Refrigeration: Number of units _____ Steam _____ Chill Water _____ 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 [Signature] LICENSE # CAC055563
LICENSE HOLDER NAME Jeffrey G. Lukas COMPANY NAME Lukas Refrigeration & Air Conditioning, Inc.

Street Address 311 Aulin Ave. Suite 200 Phone Number 407-365-9621
City Oviedo State FL Zip Code 32765
Email Address lukasair@earthlink.net

Building Official: <u>Mark Whitmire</u>	Date <u>4/22/2014</u>
Permit Fee	\$ <u>170.00</u>
Review Fee	\$ <u>35.00</u>
3% Florida Surcharge	\$ <u>7.76</u>
Total Permit Fee	\$ <u>262.76</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.



The New Degree of Comfort™

DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

Customer Information

Street Address: 5337 Jade Circle, Orlando, FL 32812

Latitude, Longitude: 29.1462°, -81.0534°

House Square Footage: 2664 sq. ft.

Name: Mark Whitmire

Phone: 407-859-4538

Email:

House Information

SHR: .75

Number of residents: 2

Ceiling height: 9

Wall U-value | R-value: 0.09 | 11

Floor U-value | R-value: 0.2 | 5

Ceiling U-value | R-value: 0.053 | 19

Window U-value: 0.5

Window SHGF: 0.85

Moisture grains: 58

Duct loss %: 10

Duct gain %: 10

Cooling infiltration (ACH): 0.6

Heating infiltration (ACH): 0.8

Winter ventilation: 0

Summer ventilation: 0



Reviewed for Code Compliance
Universal Engineering Science

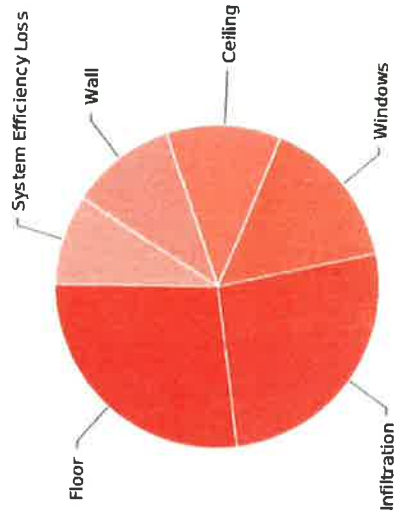
Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	37	90
Daily range	L	L
Relative humidity	50%	50%
Moisture difference	58	58
Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	33	15

Heating Loads

Area	Btuh	% of load
Wall	4384	10.7
Floor	11075	27.1
Ceiling	4659	11.4
Windows	6303	15.4
Infiltration	10792	26.4
System Efficiency Loss	3721	9.1
Total:	40935	

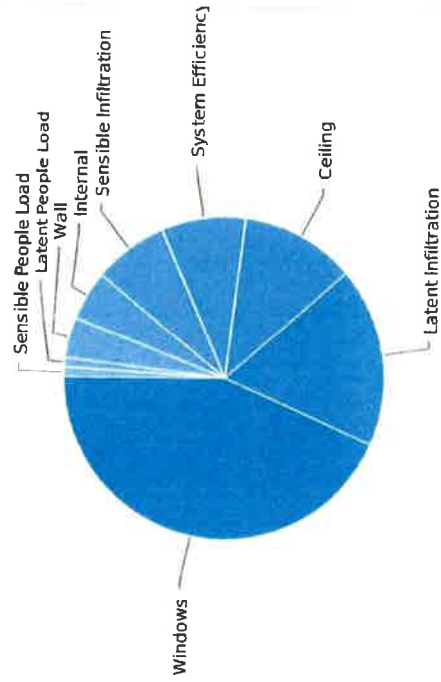
Heating Loads
40,935 BTU/hr



Cooling Loads

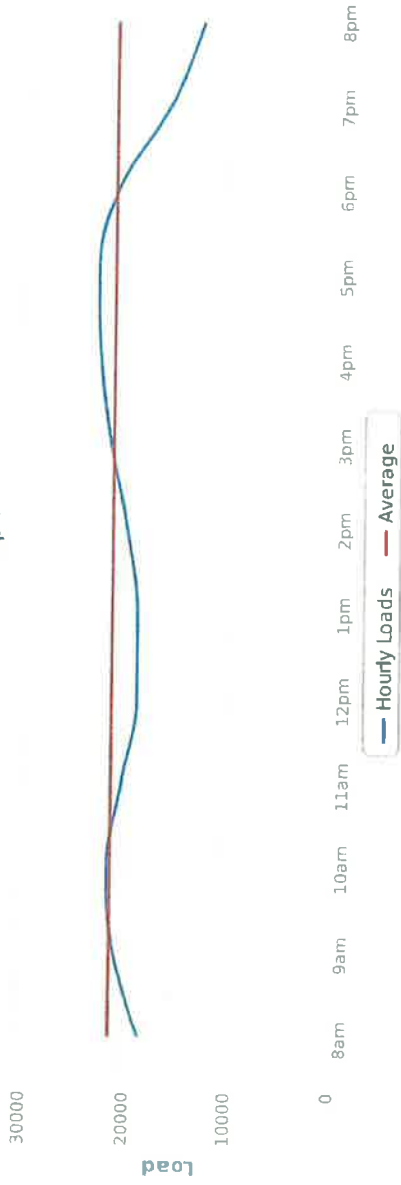
Area	Btuh	% of load
Wall	1993	4.1
Ceiling	5648	11.6
Windows	21119	43.4
Sensible Infiltration	3679	7.6
Latent Infiltration	8794	18.1
System Efficiency Gain	4123	8.5
Internal	2400	4.9
Sensible People Load	460	0.9
Latent People Load	460	0.9
Total:	48676	
<hr/>		
Sensible load	39422	
Latent load	9254	
SHR	0.81	
Capacity at .75 SHR	4.38 Tons	

Cooling Loads
48,676 BTU/hr



Adequate Exposure Diversity

AED Graph



Equipment selection

System equipment selection will be made using the following derived values.

Glass (E)	193 sq. ft.
Glass (S)	27 sq. ft.
Glass (N)	27 sq. ft.
Glass (W)	135 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	77°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	37°F
Winter Indoor	70°F
Sensible Cooling	39,422 Btuh
Latent Cooling	9,254 Btuh
Required Cooling Airflow	1,792 CFM
Sensible Heating	40,935 Btuh
Required Heating Airflow	532 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree



Trane Residential Systems
6200 Troup Highway
Tyler, TX 75707 U.S.A.
Tel (903) 581-3200
www.trane.com

March 12, 2009

RE: ASCE 7-05 Compliance

To Whom It May Concern:

Based on a review and analysis of the requirements of the Florida Building Code (2007) and ASCE 7-05, the installation of a Trane outdoor condensing unit utilizing the appropriate BAYECMT023 or BAYECMT004 mounting kit complies with the wind resistance and anchoring requirement as specified in 1620.1 and 1620.2 at a maximum wind speed of 150 MPH at a 3-second gust.

This assumes (i) a permanent attachment to the mounting slab, (ii) a ground-level application, and (iii) that the unit is not installed in a location susceptible to channeling effects or buffeting in the wake of upwind obstructions. It is the installer's responsibility to ensure that the slab mounting method meets or exceeds the requirements of local code and is approved by the appropriate local code authority.

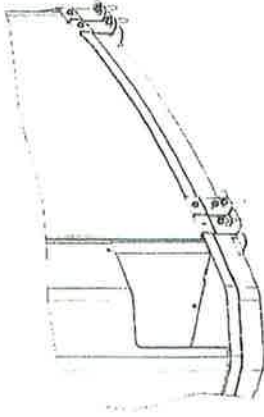
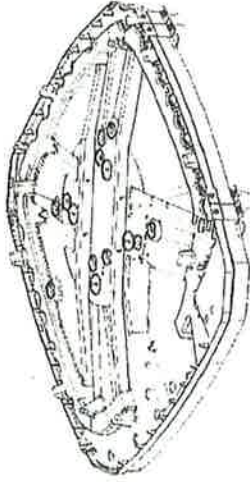
BAYECMT023 and BAYECMT004 must be installed in accordance with the manufacturer's installation instructions provided with the kit, and apply only to the following model families*:

2/4TTZ	2/4TWZ
2/4TTX	2/4TWX
2/4TTR	2/4TWR
2/4TTB	2/4TWB
2/4TTA	2/4TWA

*For models 4TTX5048, 4TTX5060, 4TWX5048, 4TWX5060, and all models in the 4TTZ & 4TWZ families, the following hardware from BAYECMT004 is required:

- (8) Base Tab Brackets
- (8) Self-Drilling 12-14 Screws
- (4) Backup Clips
- (4) 12-18 Screws
- (8) 1/4" SAE Grade 5 Bolts
- (8) 1/4" Washers

The quantity of backup clips required remains unchanged. Figures 1 & 2 show the recommended mounting locations:



Figures 1 & 2. Installation of base tab brackets on models 4TTX5048, 4TTX5060, 4TWX5048, 4TWX5060, and all models in the 4TTZ & 4TWZ families

Ingersoll Rand, by its Trane Residential Systems business unit.

MAR 12 2009

Approved By: John Buerosse
Florida P.E. 0050867
(Seal)



Reviewed for Code
Compliance
Universal Engineering
1993

EngL109129



FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner:	Mark Whitmore	Contractor name:	Lukas Refrigeration & Air Conditioning
Street address:	5337 Jade Cr.	Jurisdiction:	City Belle Isle
City:	Belle Isle	Permit No.:	
Zip:	32812	Final inspection date:	

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary - (Section 101.4.7.1.1 exception 3)

Signature: Jeffrey G. Lukas Date: 4-17-14

Printed Name: Jeffrey G. Lukas

Contractor License #: CACO - 55563

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

FERRAN SERVICES & CONTRACTING, INC.
 530 GRAND STREET • ORLANDO, FL 32805-4795
 ORLANDO: 407-422-3551 • VOLUSIA: 386-322-6168



INVOICE # 184893

PAY CODE 184893
 DATE 4-16-14
 TYPE

WARRANTY PM # GM # PO #

AIR CONDITIONING
 CAC00842
 ELECTRICAL
 EC13003653
 PLUMBING
 CFC057906

NAME: MARK WHITMIRE
 STREET: 5337 LAURE CIR
 CITY/ZIP: BOULDER FL 32812
 FAX#
 CONTACT PERSON
 PRIMARY PH#
 ALTERNATE PH#

DISCREPANCY:
 JOB LOCATION:

QTY	INVENTORY CODE	DESCRIPTION	PRICE EXTENDED	DATE	DESCRIPTION OF WORK
	EXP001	INCIDENTAL MATERIALS	\$5.00		Seal All boots to ceiling
					Seal All Flex connectors
					Seal All tape Seams
					Seal noted splices

LABOR HRS	MATERIAL	EMP #	TECHNICIAN SIGNATURE
		2867	[Signature]

INCLUDES 1 YEAR PARTS & LABOR WARRANTY

PRE-AUTHORIZATION EMP # 2867

I HAVE READ THIS SERVICE INVOICE AND THE TERMS AND CONDITIONS OF SALE ON THE REVERSE SIDE WHICH ARE A PART HEREOF I HAVE AUTHORITY TO ORDER THE WORK AS STATED ABOVE
 AUTHORIZED SIGNATURE: [Signature]
 CARD HOLDER: MARK WHITMIRE

WE ACCEPT: AMERICAN EXPRESS DISCOVER MASTERCARD VISA CASH

CC AUTHORIZATION: 5524-260-15163952
 CHECK # 1015
 DATE: 4-16-14

TOTAL DUE 200.00

NOTES:
 SERIAL #
 MAKE
 MODEL
 SERIAL #
 MAKE
 MODEL

REFRIGERANT RECORD
 QUANTITY TYPE
 RECOVERED
 RETURNED TO SYS.
 NEW REF
 CYL #

We appreciate your business!

CUSTOMER COPY

BALANCE DUE UPON COMPLETION.

2867 # 3228 # 2866

Duke Energy

DUCT TEST & REPAIR INCENTIVE CERTIFICATE

Congratulations! You are eligible for an incentive to have your air conditioning ductwork tested for leaks. To receive the incentive and enjoy ongoing savings on your energy bills, simply have the duct test completed by a Duke Energy participating contractor. If the duct test indicates repairs are needed, you are eligible for an additional incentive to seal the leaks. The contractor will deduct the incentive amount from the total bill.

Customer Name: MARK WHITMIRE Account Number: 9901505485

Address: 5337 JADE CIR ORLANDO, FL 32812

Duke Energy Representative: Linda Posada Date Issued: 04/08/2014

Company Name: Ferran Services Company Phone Number: 407-422-3551

(The recommended duct test and repair must be performed by a Duke Energy participating contractor to be eligible for the incentives.)

INFORMATION TO SHARE WITH YOUR CONTRACTOR

NUMBER OF CENTRAL DUCTED UNITS	SQ FT CONDITIONED SPACE	TYPE OF FIREPLACE
1	2200	Wood
DOES HOME HAVE GAS APPLIANCES	TOTAL COST FOR DUCT TEST:	\$60.00
None	DUKE ENERGY INCENTIVE:	\$30.00
	TOTAL CUSTOMER COST FOR DUCT TEST:	\$30.00

Duct Test Appointment Date: _____

Duct Test Appointment Time: _____

Duct Repair Incentive Information:

- A Duct Repair Contractor from Duke Energy's Participating Contractor list must complete repairs to receive incentive.
- If the home has ducted electric heat, Duke Energy pays up to \$150 of the repair cost per system.
- If the home has non-ducted electric heat, Duke Energy pays up to \$50 of the repair cost per system.





LUKAS-1

OP ID: CSJ

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
04/17/14

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 Hugh Cotton Insurance 2315 Curry Ford Road Orlando, FL 32806 Thomas M. Cotton, CIC, CPCU, CRM	CONTACT NAME: Chris St. John, AIAA, AAL, CIC
407-898-1776	PHONE (A/C, No.): 407-898-1776
407-8950918	FAX (A/C, No.): 407-895-0918
	E-MAIL ADDRESS: cstjohn@hughcotton.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A.: Travelers Indemnity Co
	INSURER B.: FCB & I Fund
	INSURER C.:
	INSURER D.:
	INSURER E.:
	INSURER F.:
	NAIC # 40282

INSURED
Lukas Refrigeration & Air
Conditioning, Inc.
P.O. Box 621087
Oviedo, FL 32765

COVERAGES**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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		6801694C733	11/28/13	11/28/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRE/AUTOS SCHEDULED AUTOS NON-OWNED AUTOS		BA1695C096	11/28/13	11/28/14	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB					
	EXCESS LIAB					
	DED RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in FL) If Yes, describe below: DESCRIPTION OF OPERATIONS below		10633687	04/01/14	04/01/15	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CITYBEI**

City of Belle Isle
1600 Nela Avenue
Orlando, 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

ACORD 25 (2010/05)

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AC# 6156910

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12060800605

DATE	BATCH NUMBER	LICENSE NBR
06/08/2012	110421022	CAC055563

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

LUKAS, JEFFREY GLENN
LUKAS REFRIGERATION & AIR COND INC
2440 BLACKBERRY TRAIL
OVIEDO FL 32765

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ■ Sanford, FL 32772-0630 ■ Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/14

LUKAS REFRIGERATION & A C INC
2440 BLACKBERRY TR
OVIEDO, FL 32765

Account #:069858

JEFFREY G LUKAS (PRES)

REGULATED
License # - CACO55563
Qualifier- JEFFREY LUKAS

Receipt #: OLHS2013082201147

Amount Paid: \$ 45.00

Date Paid: 08/22/2013