



**City of Belle Isle Job Site Permit Card**

**MECHANICAL**

**2021-12-003**

Class: Residential  
Parcel Number: 24-23-29-0600-01-160

Site Address: 6511 Cay Cir. Belle Isle, FL 32809  
Municipality Belle Isle

Description of Work: A ONE TWO TON AC UNIT.  
Comments: SEE APPLICATION

Issued: Heinmiller Heating & Cooling Inc. – Heinmiller, Cynthia  
License # CAC1813461  
Contact # 407-422-1064

Payment/ Issued Date & Method: \_\_\_\_ / \_\_\_\_ / 2022

- Picked up by \_\_\_\_\_
- Forwarded to the mailing address
- Emailed

- Visa
- Master Card
- Amex
- Discover
- Check/ Money Order#

**To schedule your inspection(s), please visit our website:**

<http://uesbidportal.uesort.com/citizenportal/>

Next-Day Inspection requests must be made by 3 pm

For further assistance 407 581-8161 request scheduling. **PERMIT MUST BE POSTED ON SITE.**

You are responsible for scheduling and keeping track all of your inspections & permit expiration date.

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 407-581-8161 Fax 407-581-0313 [www.universalengineering.com](http://www.universalengineering.com)

**MECHANICAL INSPECTOR DATE COMMENTS**

500 Above Ceiling			
510 Rough			
520 Hood Vent			
530 Final			
540 Misc.			

**"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."**

5-4-2022 - SECOND NOTIFICATION

**Frank Matos**

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**From:** Frank Matos  
**Sent:** Wednesday, May 4, 2022 3:21 PM  
**To:** 'Rec Heinmiller'  
**Cc:** CobiPermits; 'Rec Heinmiller'  
**Subject:** 6511 Cay Cir., permit, mechanical, 2021 – 12-003, Pending Requirements - Heinmiller Heating Cooling Inc  
**Attachments:** COBI Credit Card Authorization Form.pdf

Cynthia H. / Angie F. We received the WC & GL, thank you!

This notification is to inform that the **valid permit** has been ready for issuance since December 2021, it will **expired in 60 days** if it is not paid for and inspections scheduled.:

- If this project have been abandoned, cancelled or discontinued, please inform us in order to void this submittal / permit for our records.
- If the project is still active – work done without any permits; submit the requested requirements in order to avoid any violations and fees.

Do not change the subject line of this email when replying or forwarding. Once payment is submitted, please allow up to THREE (3 business days) to receive your permit.

PENDING REQUIREMENTS SEE ATTACHMENT (s)

- Remit total payment due: \$ 77.50. ☆ **6511 Cay Cir., permit, mechanical, 2021 – 12-003 - Heinmiller Heating Cooling Inc**

Please refer to the subject line of this email for the permit number. **THE PAYMENTS CANNOT BE COMBINED.**

A credit card authorization form has been attached for your convenience to receive your permit via email.

**Ensure to completely fill out the credit card authorization form including the following:**

- The authorized person's name, exact amount due as indicated in this email, account type, date, permit number, contact number & full address.
- A three (3) code number for **Visa / Master Card /Discover Card** or a four (4) digit code number for the **AMEX Card**.
- An EXPIRATION DATE for this credit card is required in order to expedite the payment.
- Ensure to sign/date at the bottom of the form – *The city of Belle Isle will not process the payment without a signature.*



City of Belle Isle

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

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.

RECEIVED  
NOV 29 2021  
2021-12-003

DATE OF APPLICATION: 11/22/21

PERMIT NUMBER

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

Project Address 6511 Cay Circle, Belle Isle FL 32809 32812  
Property Owner Melisse S. Craig, Phone 407-257-9158  
Property Owner's Mailing Address 6511 Cay Circle, City Orlando  
State FL Zip Code 32809 Parcel Id Number: 24-23-29-0600-01-160  
REQUIRED! To obtain this information, please visit <http://www.ocpafi.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 1 Tons Per Unit 2 Total Tons 2  
Type of System: Water to Air Chiller Split System x Package Heat Pump x Estimated Cost \$  
Heating: # of Units KWS Per Unit 1 Total KWS 5.0 BTU's 13,800  
Oil Electric xxx Boiler Gas Estimated Cost \$  
(A) Estimated Cost Fee \$ 6,855.00

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 Inlakes Exhaust Fans Dryer Vents Estimated Cost \$  
Refrigeration: Number of units Estimated Cost \$  
Piping: Air Vacuum Steam Chill Water Estimated Cost \$  
Others: (Specify) Estimated Cost \$  
(B) Estimated Cost Fee \$

Was the space previously Air Conditioned? Yes xxx No  
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 Cynthia Heinmiller Kelly LICENSE # CAC1813461  
LICENSE HOLDER NAME Cynthia Heinmiller Kelly COMPANY NAME Heinmiller Heating & Cooling, Inc.  
Street Address 1001 East Michigan Street  
City Orlando State FL Zip Code 32806 Phone Number 407-422-1064  
Email Address rec.heinmiller@gmail.com

Building Official: GR Date 12-1-21  
Verified Contractor's Licenses & Insurance are on file SW Date 12-1-21  
Need 2021 LTR

Permit Fee \$ 49.-  
Review Fee \$ 24.50  
1% BCAIB Fee \$ 2 min  
1.5% DCA Fee \$ 2 min  
Total Permit Fee \$ 77.50

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.

Building Permit Number

base  
2 tons  
37  
12  
49.50  
24.50  
73.50

PAID

Permit Application Information - Page Two

Owner's Name Melissa S. Craig  
 Owner's Address 6511 Cay Circle  
 Fee Simple Titleholder's Name (If other than owner's) \_\_\_\_\_  
 Fee Simple Titleholder's Address (If other than owner's) \_\_\_\_\_  
 City Orlando State FL Zip Code 32809  
 Contractor's Name Heinmiller Heating & Cooling, Inc.  
 Contractor's Address 1001 E. Michigan Street  
 City Orlando State FL Zip Code 32806  
 Job Name Melissa S. Craig  
 Job Address 6511 Cay Circle SUITE/UNIT \_\_\_\_\_  
 City Orlando State FL Zip Code 32809  
 Bonding Company Name \_\_\_\_\_  
 Bonding Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Architect/Engineer's Name \_\_\_\_\_  
 Architect/Engineer's Address \_\_\_\_\_  
 Mortgage Lender's Name \_\_\_\_\_  
 Mortgage Lender's Address \_\_\_\_\_

Permit Number

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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.

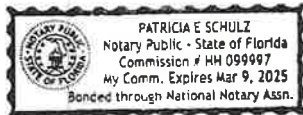
Owner Signature Melissa Craig  
 The foregoing instrument was acknowledged before me this 11/23/21  
 by Melissa Craig who is personally known to me  
 and who produced \_\_\_\_\_ as identification and who  
 did not take an oath.

Notary as to Owner Christopher Sean Fuller  
 Commission No. HH 164503  
 State of FL County of Orange  
 My Commission expires 8.12.25

(SEAL)  


Contractor Signature Cynthia Heinmiller Kelly  
 The foregoing instrument was acknowledged before me this 11/24/2021  
 by Cynthia Heinmiller Kelly who is personally known to me  
 and who produced \_\_\_\_\_ as identification and who  
 did not take an oath.

Notary as to Contractor Patricia E. Schulz  
 Commission No. HH099997  
 State of FL County of Orange  
 My Commission expires 03/09/2025

(SEAL)  


Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

RECEIVED  
APR 26 2021

Ron DeSantis, Governor

Halsey Beshears, Secretary

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

**LICENSE NUMBER: CAC1813461**

**EXPIRATION DATE: AUGUST 31, 2022**

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

HEINMILLER-KELLY, CYNTHIA  
HEINMILLER HEATING & COOLING INC  
1001 MICHIGAN AVE  
ORLANDO FL 32806



ISSUED: 08/18/2020

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)  
Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

**Tax Collector Scott Randolph**

**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 CONTR-HEAT/AIR      2021      **EXPIRES 9/30/2022**  
\$40.00      20 EMPLOYEES

1804-0011463

TOTAL TAX      \$40.00  
PREVIOUSLY PAID      \$40.00  
TOTAL DUE      \$0.00



HEINMILLER B D  
HEINMILLER HEATING & COOLING I  
HEINMILLER B D  
1001 E MICHIGAN ST  
ORLANDO FL 32806-4704

1001 E MICHIGAN ST  
A - ORLANDO, 32806

PAID: \$40.00 0099-01023419 9/13/2021

This receipt is official when validated by the Tax Collector.

**Tax Collector Scott Randolph**

**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.

3200 RETAIL      2021      **EXPIRES 9/30/2022**  
\$30.00      1 EMPLOYEE ; 5000 BUSINESS OFFICE

3200-0030381  
1 EMPLOYEE

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



HEINMILLER B D  
HEINMILLER HEATING & COOLING  
HEINMILLER B D  
1001 E MICHIGAN ST  
ORLANDO FL 32806-4704

1001 E MICHIGAN ST  
A - ORLANDO, 32806

PAID: \$60.00 0099-01023420 9/13/2021

This receipt is official when validated by the Tax Collector.

2021 - 2022



**Local Business Tax Receipt**

(Formerly known as "Business License"  
changed per state law HB1269-2006)

**Business Name**  
HEINMILLER HEATING & COOLING  
1001 E MICHIGAN ST  
ORLANDO, FL 32806

**Business Owner**  
HEINMILLER HEATING & COOLING (BUS)  
HEINMILLER HEATING & COOLING

**Business Location**  
1001 E MICHIGAN ST  
ORLANDO, FL

NOTICE-THIS TAX RECEIPT ONLY EVIDENCES  
PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT  
TO CH.205, FLORIDA STATUTES. IT DOES NOT PERMIT  
THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY,  
STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE  
NOTIFIED OF ANY MATERIAL CHANGE TO THE  
INFORMATION FOUND HEREIN BELOW. THIS RECEIPT  
DOES NOT CONSTITUTE AN ENDORSEMENT OR  
APPROVAL OF THE HOLDER'S SKILL OR  
COMPETENCY.

**Case Number:** BUS0022619-003

**Issued Date:** 09/15/2021

**Expiration Date:** 09/30/2022

**Business type(s):**

Description	Year
CONTRA 1524 CONTRACTOR DBPR	2022



Local Business Tax Receipt  
City Hall, 400 South Orange Avenue, First Floor  
Post Office Box 4990  
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: [businesstax@orlando.gov](mailto:businesstax@orlando.gov)

Prompt! Interactive Voice Response System: 407.246.4444  
Visit our website: [orlando.gov/permits](http://orlando.gov/permits)

MAY - 4 2022



HEINHEA-01

DSMITH2

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/4/2022

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).

<b>PRODUCER</b> Hub International Florida 1560 Orange Avenue Suite 750 Winter Park, FL 32789	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (407) 894-5431	FAX (A/C, No): (407) 629-6378	
	<b>E-MAIL ADDRESS:</b> Certificates.FLA@HubInternational.com		
<b>INSURED</b>  Heinmiller Heating & Cooling, Inc. 1001 E. Michigan Avenue Orlando, FL 32806	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Westfield Insurance Company		24112
	<b>INSURER B :</b> Associated Industries Insurance Company, Inc.		23140
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

### 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 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 <input checked="" type="checkbox"/> Standard Contractual  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			TRA3181406	5/1/2022	5/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			TRA3181406	5/1/2022	5/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			TRA3181406	5/1/2022	5/1/2023	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
							Aggregate	\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AWC1176675	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

City of Belle Isle  
1600 Nela Avenue  
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