



City of Belle Isle Job Site Permit Card

MECHANICAL

2020-04-053

Subdivision

Site Address: 1611 Fulmer Rd 32809

Class: Residential

Parcel Number: 30-23-30-0602-01-020

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Description of Work: THREE TON UNIT.

Air Conditioning: # of Units 1 Tons Per Unit 3 Total Tons 3

Type of System

Heating: # of Units KWS Per Unit 5 Total KWS 5 Electric

=====

Issued: BLAIR AIR CONDITIONING AND HEATING SERVICE, LLC, BLAIR, JAY L License # CAC058258

Contact # 407 896-6666

Payment/ Issued Date & Method: 4 / 20 / 2020

Picked up by _____ Emailed

Visa Master Card Amex Discover Check / Money Order#

2303

=====

MECHANICAL INSPECTOR DATE COMMENTS

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

PLEASE NOTE: In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. 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 all of your inspections - ☆ 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 3:00 p.m. Please include the following requirements in your request:

- Project Address
- Corresponding Permit Number
- Type of Inspection (Please reference your permit card for inspection codes)
- Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
- Contact Name
- Contact Phone Number
- Gate / Entry code (If applicable)
- AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 * 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.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.

DATE OF APPLICATION: 4/15/20

PERMIT NUMBER 2020-04-053

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

Project Address 1611 Fulmer Rd.
 Property Owner Carol Ivey, Belle Isle FL 32809 32812
 Property Owner's Mailing Address Same Phone 407-721-4701
 State FL Zip Code 3289 City Belle Isle
 Parcel Id Number: 30-23-30-0602-01-020

REQUIRED! To obtain this information, please visit <http://www.ocpaf.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 3 Total Tons 3
 Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 3,031.00

Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
 Oil _____ Electric Boiler _____ Gas _____

(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) _____ Estimated Cost \$ _____

PAID 4-20-2020
 Estimated Cost \$ _____
 Estimated Cost \$ _____
 (B) Estimated Cost Fee \$ _____

Was the space previously Air Conditioned? Yes _____ 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 Jay L Blair LICENSE # CAC058258

LICENSE HOLDER NAME Jay Blair COMPANY NAME Blair Air Conditioning & Heating Services

Street Address 2857 S. Bumby Ave.

City Orlando State FL Zip Code 32806 Phone Number 407-896-6666

Email Address blairair@cfl.rr.com

Building Official: DTC Date 4-16-2020
 Verified Contractor's Licenses & Insurance are on file flr Date 4-16-2020

Permit Fee \$ 55.00
 Review Fee \$ 27.50
 1% BCAIB Fee \$ 2.00
 1.5% DCA Fee \$ 2.00
 Total Permit Fee \$ 86.50

37
 18
 55

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 _____

**Blair Air Conditioning &
Heating Service, LLC**
2857 South Bumby Avenue
Orlando, FL 32806
CAC058258
Telephone: 407-896-6666
Fax: 407-898-2331
E-mail: blairair@cfl.rr.com

2020-04-053

"Don't Despair ... Call Blair!"
PROPOSAL

April 6, 2020

Carol Ivey
1611 Fulmer Rd.
Belle Isle, FL. 32809

407-721-4701
cjivey@yahoo.com

Work to be performed:

The air conditioning system will be replaced. A **American Standard 3 ton, 15 Seer heat pump with 5 KW heat** will be installed. The old equipment will be removed from the job-site. The air handling unit and digital thermostat will be installed in the same location as the existing air handling unit and thermostat. A new condensate float will be installed. A permit will be pulled for the work done by Blair Air Conditioning.

Equipment to be installed:

Air Handling Unit Model	GAM5B0B30M21E
Heat Unit Model	BAYHTR1505BRKC
Filter Rack	
Digital Thermostat	TH6210U2001

The system has five (5) year compressor warranty, five (5) year parts warranty and one (1) year labor warranty.

Total Installed Cost **\$3031.00**

NOTICE: This proposal is good for thirty (30) days from the above date.

FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND

PAYMENT, UP TO A LIMITED AMOUNT, MAY BE AVAILABLE FROM THE FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND IF YOU LOSE MONEY ON A PROJECT PERFORMED UNDER CONTRACT, WHERE THE LOSS RESULTS FROM SPECIFIED VIOLATIONS OF FLORIDA LAW BY A LICENSED CONTRACTOR. FOR INFORMATION ABOUT THE RECOVERY FUND AND FILING A CLAIM, CONTACT THE FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD AT THE FOLLOWING TELEPHONE NUMBER AND ADDRESS: (850) 487-1395, 1940 N. MONROE ST., TALLAHASSEE, FL 32399-0783, WWW.MYFLORIDALICENSE.COM.

If you approve this proposal please have the owner of the property sign, date, and send back to blairair@cfl.rr.com.

Name: Carol Ivey
(print)

Signature: Carol Ivey

Date: 4-15-2020

System you have chosen: Air, 5 Handheld 3 Ton 15 Gas heat pump w/

PROPOSAL

ONROE ST., TALLAHASSEE, FL 32399-0783, WWW.MYFLORIDALICENSE.COM.

5 kw heat

Air Handler - GAM5B0B30M2IE

Heat Unit - BAYHTR1505BRKC

Filter Rack

Digital Thermostat - TH6210U2001



Certificate of Product Ratings

AHRI Certified Reference Number : 9968427

Date : 04-07-2020

Model Status : Active

AHRI Type : HRCU-A-CB

Series : XR14

Outdoor Unit Brand Name : TRANE

Outdoor Unit Model Number (Condenser or Single Package) : 4TWR4036G1

Indoor Unit Model Number (Evaporator and/or Air Handler) : GAM5B0B30M21

The manufacturer of this TRANE product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 36200

SEER : 15.00

EER (A2) - Single or High Stage (95F) : 13.00

Heating Capacity (H12) - Single or High Stage (47F) : 34000

HSPF (Region IV) : 8.50

Active Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced. *Production Stopped* Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale. Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

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we make life better™

CERTIFICATE NO.:

132307408481058019

Property Record - 30-23-30-0602-01-020

Orange County Property Appraiser • <http://www.ocpafl.org>

Property Summary as of 04/15/2020

Property Name

1611 Fulmer Rd

Names

Ivey Carol I

Municipality

BI - Belle Isle

Property Use

0103 - Single Fam Class III

Mailing Address

1611 Fulmer Rd
Belle Isle, FL 32809-6805

Physical Address

1611 Fulmer Rd
Orlando, FL 32809



QR Code For Mobile Phone



302330060201020 10/03/2006



Value and Taxes

Historical Value and Tax Benefits

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2019 <input checked="" type="checkbox"/> MKT	\$70,000	+ \$163,310	+ \$2,500 =	\$235,810 (3.4%)	\$158,354 (1.9%)
2018 <input checked="" type="checkbox"/> MKT	\$65,000	+ \$160,501	+ \$2,500 =	\$228,001 (14%)	\$155,401 (2.1%)
2017 <input checked="" type="checkbox"/> MKT	\$55,000	+ \$143,339	+ \$2,500 =	\$200,839 (1.6%)	\$152,205 (2.1%)
2016 <input checked="" type="checkbox"/> MKT	\$55,000	+ \$140,221	+ \$2,500 =	\$197,721	\$149,074

Florida HVAC Efficiency Card

Job Ivey

Air Conditioning

SEER _____ or EER _____
For DOE-covered products For other products
DOE-covered products are central, air-source, one-phase systems having capacities under 65,000 BTU/h

Electric Space Heating

Electric Resistance Furnace
 Heat Pump
COP _____ or HSPF _____

Gas and Oil-Fired Heating

Et (Steady State Efficiency) _____ % or AFUE _____ %

System Components

Manufacturer American Standard
Brand _____
Air Handler or Furnace
Model Number GAM580B30M21E
Evaporator Coil
Model Number _____
Compressor Unit Required if the Air Handler can be equipped with more than one Evaporator Coil
Model Number _____
Installation includes:
 Time Delay Relay Two-Stage Thermostat
 Liquid Line Solenoid Valve Outdoor Thermostat

Installing Contractor

Name Blair A/C & Heating Services LLC
Address 2867 S. Bumby Ave.
Orlando, Florida 32808

Certification

With the authorization of the installing contractor I certify that the information entered on this card accurately represents the system installed.

Signature Jay L Blair Date 4/13/20

As the Building Official or the representative of the Building Official, I certify that the information entered on this card accurately represents the system installed.

Signature _____

Completion of this card and its posting in a prominent location near the air handler

Energy Card for
123064



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

BLAIR, JAY LLOYD

BLAIR AIR CONDITIONING AND HEATING SERVICE, LLC
2857 S BUMBY AVE
ORLANDO FL 32806-8704



LICENSE NUMBER: CAC058258

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at 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

1804 CERT AIR/COND CONTR 2019 \$30.00

EXPIRES 9/30/2020
1 EMPLOYEE : 5000 BUSINESS OFFICE

\$30.00

1804-0962454
1 EMPLOYEE :

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

BLAIR JAY L

BLAIR AIR CONDITIONING & HEATING SERVICE
BLAIR JAY L
2857 S BUMBY AVE
ORLANDO FL 32806-8704

2857 S BUMBY AVE
U - ORLANDO, 32806

PAID: \$60.00 0099-00889425 7/17/2019

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 CERT AIR/COND CONTR 2019 \$30.00

EXPIRES 9/30/2020
1 EMPLOYEE : 5000 BUSINESS OFFICE

\$30.00

1804-0962454
1 EMPLOYEE :

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



BLAIR JAY L

BLAIR AIR CONDITIONING & HEATING SERVICE
BLAIR JAY L
2857 S BUMBY AVE
ORLANDO FL 32806-8704

2857 S BUMBY AVE
U - ORLANDO, 32806

PAID: \$60.00 0099-00889425 7/17/2019

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/09/2019

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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED BLAIR AIR CONDITIONING AND HEATING SERVICE LLC 392-615-1 2857 S BUMBY AVE ORLANDO, FL 32806-8704		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY NAIC # 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 7

REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> Loc OTHER:	N	N	9051718	06/22/2019	06/22/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	9051719	06/22/2019	06/22/2020	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 DED RETENTION	N	N	9051720	06/22/2019	06/22/2020	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	9051721	06/22/2019	06/22/2020	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

 392-615-1
 CITY OF BELLE ISLE
 1600 NELA AVE
 BELLE ISLE, FL 32809-6184

CANCELLATION

7 0

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

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