



City of Belle Isle Job Site Card MECHANICAL PERMIT 2020-03-063

Site Address: **1921 Hoffner Ave** 32809 Subdivision

Class: Residential Parcel Number: **18-23-30-3648-00-500**

=====
Description of Work: **TWO TON UNIT.**

Air Conditioning: # of Units **1** Tons Per Unit **2.0** Total Tons **2.0**

Type of System: **Split System**

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

=====
Issued: **Del Air Heating & AC, Dello Russo, Robert**

License # **CAC032488**

Contact # **407 333-2665**

Payment/ Issued Date & Method: 4 / 1 / 2020

Picked up by _____ Emailed

Visa Master Card Amex Discover Check / Money Order#

3 2 0 0 3 | | | | | | | | | | | | | | | | | | | | | |

=====
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 BI 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 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

RECEIVED
MAR 26 2020

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: 3/13/2020

PERMIT NUMBER 2020-03-063

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

Project Address 1921 Hoffner Ave, Belle Isle FL 32809 32812
Property Owner Scott McMillen Phone 407-766-1251
Property Owner's Mailing Address 1921 Hoffner Ave City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 18-23-30-3648-00-500
REQUIRED! 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

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.0 Total Tons 2.0
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____

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

(A) Estimated Cost Fee \$ 5749

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) HVAC FULL SYSTEM CHANGE OUT 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 _____ LICENSE # CAC032448

LICENSE HOLDER NAME Robert Dello Russo COMPANY NAME Del Air Heating & A/C

Street Address 531 Codisco Way

City Sanford State FL Zip Code 32771 Phone Number 407-333-2665

Email Address salesjobs@delair.com

Permit Fee \$ 49.-

Review Fee \$ 24.50

1% BCAIB Fee \$ 2 min

1.5% DCA Fee \$ 2 min

Total Permit Fee \$ 77.50

Building Official: OTC Date 3-26-20
Verified Contractor's Licenses & Insurance are on file (SM) Date 3-26-20

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.

bise
2 tons

37
12
49.50
24.50
74.00

Building Permit Number _____



Certificate of Product Ratings

AHRI Certified Reference Number : 9154698

Date : 03-12-2020

Model Status : Production Stopped

AHRI Type : HRCU-A-CB

Series : COMFORT15 HP

Outdoor Unit Brand Name : CARRIER

Outdoor Unit Model Number (Condenser or Single Package) : 25HBC524A*030*

Indoor Unit Model Number (Evaporator and/or Air Handler) : FX4DNFD25L

The manufacturer of this CARRIER 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 : 24000 WAS

SEER : 15.00

EER (A2) - Single or High Stage (95F) : 12.50

Heating Capacity (H12) - Single or High Stage (47F) - 24000

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

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TERMS AND CONDITIONS

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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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CERTIFICATE NO.:

132285058920218431



Never Any Overtime Charges - Call Today!
(888) 831-2665

Customer's Name: SCOTT MCMILLEN & AMANDA KUCKER		Job Address: 1921 HOFFNER AVE, No Sub, #8695323 BELLE ISLE, FL 32809-3527	Date: 11/29/2019
Customer's Billing Address: 1921 HOFFNER AVE, No Sub, #9506585		City, State, Zip: BELLE ISLE, FL 32809-3527	Customer #: 14445261
Home Phone: 407-766-1251	Mobile Phone:	Email(s): scott@mcmillenlawfirm.com	Job #: 12508320

Serving Florida Since 1983

- **100% Employee Owned.** As an employee owned company, each and every employee is an owner and is committed to providing a quality service in a timely manner, treating your home as if it were ours.
- **Financing Available.** Del-Air Heating and Air Conditioning offers attractive and affordable financing options.
- **ALL Major Brands.** Del-Air sells and services ALL major brands to help customers find the best solutions for their unique air conditioning and heating needs.
- **Expertly Trained Technicians.** Our professional, nationally certified and factory trained technicians have years of installation and service experience to get the job done right the first time.

Option 1 - Selected

- Carrier Comfort 15 25HBC524 Heat Pump
- 2 Tons
 - 15 SEER, 8.5 HSPF
 - 10 Year Parts Warranty
 - 1 Year Labor Warranty
 - 10 Year Compressor Warranty
- Carrier Comfort FX4DNF025L00 Air Handler
- 10 Year Parts Warranty
 - 1 Year Labor Warranty
- CE2401C05 Electric Heater
- 5 kW
- AHRI # 9154698
- Notes
- AHRI System (24000)

Option 2

- Trane XR16 4TWR6024H1000A Heat Pump
- 2 Tons
 - 16 SEER, 9 HSPF
 - 10 Year Parts Warranty
 - 1 Year Labor Warranty
 - 10 Year Compressor Warranty
- Trane M-Series TEM6A0B24H21SB Air Handler
- 10 Year Parts Warranty
 - 1 Year Labor Warranty
- BAYHTR1505BRKC Electric Heater
- 5 kW
- AHRI # 7562095
- Notes
- (BAYSF1185AAA) in Accessories AHRI System (24200 BTU)

Accessories - Selected

- Required Thermostat - Honeywell 3htg/2clg Programmable - Included (TH6320U2008INC)

Accessories

- Required Thermostat - Honeywell 3htg/2clg Programmable - Included (TH6320U2008INC)

Option 1 Total Investment

- Required Drain Line - Replace Cond Pump 115V
- Required Indoor Unit - Platform Liner with 1-1/2" Antimicrobial Insulation & 3/4" Plywood New Top
- Required Outdoor Unit - Reuse Outdoor Disconnect
- Included Material - Included - Clean Work Area At Job Completion
- Included Material - Included - Dispose Of Old Equipment
- Included Material - Included - New Code Approved Hurricane Straps
- Included Material - Included - New In-Line Safety Float Switch
- Included Material - Included - Permit
- Included Material - Included - Reconnect Existing Supply Plenum to New Unit using 1-1/2" Antimicrobial Insulation
- Electrical - Wiring Of Condensate Pump Only (H025591)
- Outdoor Unit - New Hurricane Rated Condenser Pad 36 X 36 (H033970)
- Run New Low Voltage To Condenser

Additional Services

- Required Drain Line - Replace Cond Pump 115V
- Required Indoor Unit - Platform Liner with 1-1/2" Antimicrobial Insulation & 3/4" Plywood New Top
- Required Outdoor Unit - Reuse Outdoor Disconnect
- Required Permits - All Necessary Permits are Included
- Included Material - Included - Clean Work Area At Job Completion
- Included Material - Included - Dispose Of Old Equipment
- Included Material - Included - New Code Approved Hurricane Straps
- Included Material - Included - New In-Line Safety Float Switch
- Included Material - Included - Permit
- Included Material - Included - Reconnect Existing Supply Plenum to New Unit using 1-1/2" Antimicrobial Insulation
- Electrical - Wiring Of Condensate Pump Only (H025591)
- Outdoor Unit - New Hurricane Rated Condenser Pad 40 X 40 (H022745)

Option 1 Total Investment

Total: \$5,749
 Estimated Payment: \$5,749.00
 Payment: Credit Card Pmt.

Option 2 Total Investment

Total: \$6,289
 Estimated Payment: \$349.39
 Payment: Synchrony (253) 18 Month No Interest with Monthly Payments

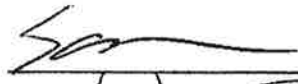
Investment Summary


Total Investment (Before Discount)	\$7,111
Less Discount	(-) \$783
Less Service Credit	(-) \$79
Less Del Air Gift Card	(-) \$500
Less Down Payment	(-) \$0
Remaining Balance	\$5,749

Remaining Balance Payment Terms

Option 1: Estimated payment of \$5,749.00 Credit Card Pmt. (approval required).

Customer Acceptance:





Date:

3/13/2020

Company Approval:

Date:

03/12/2020 1:03 PM

Company Representative: Craig Fortin, cfortin@delair.com, (407) 417-3892

Install Date: 03/13/2020

Notes

Del-Air will register the Extended Manufacturers Parts Warranty
10 year compressor and coil and 1 year labor is not transferable. It is only good to the original owner
Trane will transfer warranty if within 90 days from the sale of the home
Homeowner is responsible to stay home (1) full day for the Building Department Inspection
All applicable sales and local taxes are included.
Proposal valid 60 Days:
All necessary materials and supplies to complete installation are included.
Operational ductwork, venting, electrical wiring and drains are used as needed.
Used (replaced) equipment is removed and recycled as appropriate.
Used refrigerant is reclaimed and recycled in accordance with EPA Standards.
Work area is cleaned upon completion.
Proper operation is explained to you.
Installations include:
New code approved hurricane straps
New pan safety float switch

Terms & Conditions

Homeowners are responsible to stay home for one (1) full day for the Building Department Inspection.

Del-Air gives no guarantee for any existing conditions such as, but not limited to, pre-existing Electrical, Ductwork, Mechanical Equipment & House Structure

Florida's Lien Law

ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001 – 713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND ARE NOT PAID IN FULL HAVE THE RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED, YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

Estimator:

It is understood that the title of all products and equipment covered by the contract remains solely in the seller until the entire purchase price has been paid in full and the manner of installation and/or attachment to any equipment and/or any portion of the building structure in which the installation is made shall not in any manner jeopardize the seller's title.

Payment

In the event payment is not made promptly in accordance with agreed terms, it shall be seller's option to charge a service charge not exceeding two (2) percent per month. The first service charge will be due 15 days from the date of the billing of our amount due on the job. In the event of collection by an attorney, all attorney fees, court costs, and other legal fees shall be borne by the buyer; in the event of non-payment, purchaser agrees to allow seller on premises to remove equipment installed. This sales agreement shall be binding upon the heirs, successors, and/or assigns of the party hereto.

Proposal is valid for 30 days.

HVAC License: CAC032448

POWER OF ATTORNEY

Date: 3/13/2020

I hereby name and appoint Robert Dello Russo
of Del Air Heating & A/c to be my lawful attorney-in-fact to
act for me, and apply to the Division of Building Safety for a Electrical permit
for work to be performed at a location described as:

Parcel ID #: Section 18 Township 23 Range 30 Subdivision 3048 Block 00 Lot 500
(15 Digit Parcel Number)

Subdivision Name: _____

Owner of Property: Scott McMillen

Project Address: 1921 Hoffner Ave

City: Orlando Zip Code: 32809

and to sign my name and do all things necessary to this appointment.

Joseph H. Peterman
(Contractor Name) (Type or Print)

ER0015458
(Contractor's License Number)

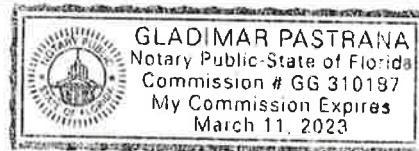
Joseph H Peterman
(Contractor Signature)

The foregoing instrument was acknowledged before me this 13 day of March
of 20 20, by Joseph H Peterman

who is personally known to me or who produced
as identification and who did not take an oath.

Gladimar Pastrana
Notary Public (Print name)
[Signature]
Notary Public (Signature)

Seal



RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

Sign up for e-Notify...

1921 Hoffner Ave < 18-23-30-3648-00-500 >

McMillen Scott R
 1921 Hoffner Ave
 Belle Isle, FL 32809-3527
 Incorrect Mailing Address?

Original Mailing Address:
 1921 Hoffner Ave
 Orlando, FL 32809
 Property Use:
 0130 - Sfr - Lake Front
 Mailing City:
 Belle Isle



View 2019 Property Record Card

- Property Features**
- Values, Exemptions and Taxes
- Sales Analysis
- Location Info
- Market Stats
- Update Information

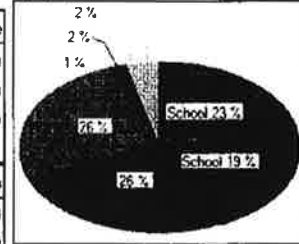
Historical Value and Tax Benefits

Has Homestead in 2020

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Portability	Assessed Value
2019 <input checked="" type="checkbox"/> MKT	\$410,000	\$410,277	\$21,760	\$842,037 (0.9%)	\$31,435	\$810,602 (94%)
2018 <input checked="" type="checkbox"/> MKT	\$360,000	\$327,123	\$21,760	\$708,883 (6.7%)		\$708,883 (97%)
2017 <input checked="" type="checkbox"/> MKT	\$345,000	\$404,869	\$18,260	\$768,129 (4.5%)		\$542,654 (97%)
2016 <input checked="" type="checkbox"/> MKT	\$320,000	\$274,609	\$18,260	\$612,869		\$450,386

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	Portability	SDH Cap	Tax Savings
2019 <input checked="" type="checkbox"/> HX <input checked="" type="checkbox"/> P	\$25,000	\$25,000		\$0	\$31,435	\$1,204
2018 <input checked="" type="checkbox"/>	n/a	n/a		n/a	n/a	\$0
2017 <input checked="" type="checkbox"/> HX <input checked="" type="checkbox"/> CAP	\$25,000	\$25,000		\$0	\$225,475	\$4,597
2016 <input checked="" type="checkbox"/> HX <input checked="" type="checkbox"/> CAP	\$25,000	\$25,000		\$0	\$162,483	\$3,570

2019 Tax Breakdown



2019 Taxable Value and Certified Taxes

TAX YEAR | 2019 - 2018 - 2017 - 2016

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes %
Public Schools - By State Law (Rle)	\$810,602	\$25,000	\$785,602	3.8610 (-4.69%)	\$3,033.21 23 %
Public Schools - By Local Board	\$810,602	\$25,000	\$785,602	3.2480 (0.00%)	\$2,551.64 19 %
Orange County (General)	\$810,602	\$50,000	\$760,602	4.4347 (0.00%)	\$3,373.04 26 %
City Of Belle Isle	\$810,602	\$50,000	\$760,602	4.4018 (0.00%)	\$3,348.02 26 %
Library - Operating Budget	\$810,602	\$50,000	\$760,602	0.3748 (0.00%)	\$285.07 2 %
St Johns Water Management District	\$810,602	\$50,000	\$760,602	0.2414 (-5.78%)	\$183.61 1 %
Lake Conway Mstu	\$810,602	\$50,000	\$760,602	0.4107 (0.00%)	\$312.38 2 %
			16.9724		\$13,086.97

2019 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BELLE ISLE RES - GARBAGE - (407)851-7730	1.00	\$245.64	\$245.64
CITY OF BELLE ISLE	BELLE ISLE STRM - DRAINAGE - (407)851-7730	1.00	\$110.00	\$110.00
				\$355.64

2019 Gross Tax Total: \$13,442.61

2019 Tax Savings Tax Savings

Your property taxes without exemptions would be: \$14,291.39
 Your ad-valorem property tax with exemptions is: - \$13,086.97
 Providing You A Savings Of: = **\$1,204.42**

This Data Printed on 03/12/2020 and System Data Last Refreshed on 03/11/2020

2:33:37 PM 06/06/2018

Data Contained In Search Results Is Current As Of 09/06/2018 02:32 PM.

Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Air Conditioning Contractor	DEL-AIR HEATING A/C & REFR INC	DBA	CAC032448 Cert Air	Current, Active 08/31/2020
	License Location Address*: 531 CODISCO WAY SANFORD, FL 32771			
	Main Address*: 531 CODISCO WAY SANFORD, FL 32771			
Certified Air Conditioning Contractor	DELLO RUSSO, ROBERT G	Primary	CAC032448 Cert Air	Current, Active 08/31/2020
	License Location Address*: 531 CODISCO WAY SANFORD, FL 32771			
	Main Address*: 531 CODISCO WAY SANFORD, FL 32771			

[Back](#)
[New Search](#)

* denotes

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

[2001 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/21/2019

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 Stahl & Associates Insurance, Inc. 250 International Parkway Suite 128 Lake Mary FL 32746	CONTACT NAME: Karen Hall PHONE (A/C, No, Ext): (407) 833-8996 E-MAIL ADDRESS: karen.hall@stahlinsurance.com	FAX (A/C, No): (407) 833-3909
	INSURER(S) AFFORDING COVERAGE	
INSURED Del-Air Heating, A/C & Refrigeration, Inc. Del-Air Appliance Centers, LLC 531 Codisco Way Sanford FL 32771	INSURER A: National Trust Insurance Co NAIC #: 20141	
	INSURER B: FCCI Insurance Company NAIC #: 10178	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1952147458 **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 INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL0016798	06/01/2019	06/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OPAGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA100002294	06/01/2019	06/01/2020	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 <input type="checkbox"/> OED <input checked="" type="checkbox"/> RETENTION \$ +0-		UMB0019058	06/01/2019	06/01/2020	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 N	001WC19A73661	06/01/2019	06/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Contractors Equipment		CM0008203	06/01/2019	06/01/2020	Leased/Rented Equip: \$50,000

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 Neia 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
Kelly L. Pappalardo



SEMINOLE COUNTY BUSINESS TAX RECEIPT

JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR
PO BOX 630, SANFORD, FL 32772 • 407-665-1000
WWW.SEMINOLECOUNTY.TAX

VALID THROUGH 09/30/20

DEL AIR HEATING AC REFRIGERANT INC
531 CODISCO WAY
SANFORD, FL 32771

Account #:017508

ROBERT G DELLO RUSSO (OFFICER)

REGULATED
License # - CA C032448
Qualifier- DELLO RUSSO ROBERT G
**SANFORD CITY LICENSE REQUIRED **

Receipt #: 10592019092401519

Amount Paid: \$ 49.50

Date Paid: 09/24/2019

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

• **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so the business shall be subject to the payment of another business tax for the same business or profession.

• **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt ([FS] 205.053 [2]).

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

REPORT ALL CHANGES: The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

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531 CODISCO WAY
SANFORD, FL 32771