

### City of Belle Isle Job Site Permit Card

MECHANICAL

2020-04-049

Subdivision

Site Address:

3300 Flowertree Rd

32812

Class: Residential

Parcel\_Number: 29-23-30-1880-02-010

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<u>Description of Work:</u> THRE Air Conditioning: # of Units Type of System: Split System	1 Tons Per	Unit 3	Total Tons 3	Total Tons <u>3</u>		
Heating: # of Units KWS Pe	r Unit 0 Total K	CWS 0 as	s stated on application.			
Issued: <u>CLEVER AC SO</u> Contact # 407 790-6562			JOLYNE License # CAC:  Date & Method: 4///7			
□ Picked up by		Emailed		/ 2020		
Visa □ Master Card	l	□ Discover	☐ Check / Money Order#			
				=====		
MECHANICAL	INSPECTOR	DATE	COMMENTS			
500 Above Ceiling						
510 Rough						

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

520 Hood Vent

530 Final 540 Misc.

- 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



## 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: 4/15/2020	PERMIT NUMBER 2020-64-647
PLEASE PRINT. The undersigned hereby applies for a permit to make installation	ons as indicated below:
Project Address 3300 FLOWERTREE RD	, Belle Isle FL3280932812
Property Owner LETT'S ABIGAIL	Phone 847-612-3182
Property Owner's Mailing Address 3300 FLOWERTREE RD	CityBELLE ISLE
State FL Zip Code 32812-4818 Parcel Id Number: 29-23-30-18	
REQUIRED TO Obtain this information	n, please visit http://www.ocpafl.org/Searches/ParcelSearch.aspx
Class of Building: Old  New  Type of Building: Residential  Addition  Repair  Addition	Commercial Other
Please indicate the nature of work by completing the information below:	34
Air Conditioning: # of Units 1 Tons Per Unit 3 Total Tons 3  Type of System: Water to AirChillerSplit System × PackageHea	at Pump Estimated Cost \$ 4000
Heating: # of Units KWS Per Unit Total KWS BTU's OilElectric Boiler Gas	Estimated Cost \$
Fees for items below are based on valuation of all units, equipment, materials and lab  Ventilation:  (Number of) Grease Heat Hoods, Air Intakes Exhaust Fans	(A) Estimated Cost Fee \$ 4000 oor supplied by owner or contractor.
Refrigeration: Number of units	Estimated Cost \$
Piping: Air Vacuum Steam Chill Water	Estimated Cost \$
Others: (Specify)	Estimated Cost \$
Was the space previously Air Conditioned? Yes X No I hereby certify that the above is true and correct to the best of my knowledge and same is granted I agree to conform to all Florida Building Code Regulations and City Ordin	ances regulating same and in accordance with plans
Submitted. The Issuance of this permit does not grant permission to violate any applicable LICENSE HOLDER SIGNATURE	le Town and/or State of Florida codes and/or ordinances.  LICENSE #CAC1819768
-09	NY NAME CLEVER AC SOLUTIONS LLC
Street Address 205 SLADE DRIVE	UISA 1729
City LONGWOOD State FL Zip Code 32750	Prone Number 407-790-6562
2p 00de	Phone number 40 7790-0502
Email Address CLEVERACSOLUTIONS@GMAIL.COM	4.17-2020
	Permit Fee \$ 55.00
Building Official: OTC Date 4.16.28	Review Fee \$ 27.50  1% BCAIB Fee \$ 2.00
Verified Contractor's Licenses & Insurance are on file Date	6.2020 1.5% DCA Fee \$
NEW CREDENTIALS ALL VALID	Total Pormit Fee \$ 86.50
NOTE: The Building Permit Number is required if the Mechanical Installation is associated.	ed with any construction or alteration where a Building
7 00 Permit has been issued.	
27.50°	Building Permit Number
5 82.0	Sanding rethink lantinger

**CLEVER AC SOLUTIONS LLC** 

205 Slade Drive

Longwood, FL 32750 US

407-308-1148

cleveracsolutions@gmail.com

**BILL TO** 

Bovine25@gmail.com

3300 Flowertree Road Belle Isle FL

32812

SHIP TO

Bovine25@gmail.com

3300 Flowertree Road Belle Isle FL

32812

**INVOICE#** 

DATE

TOTAL DUE

**DUE DATE** 

TERMS

ENCLOSED

Invoice

1355

04/14/2020

\$0.00

05/14/2020

Net 30

INCLUSED

JOB SITE

3300 Flowertree Road

JOB SITE ADDRESS Belle Isle, FL 32812

DESCRIPTION

010 1010, 1 2 020 12

CHANGE OUT HVAC RHEEM TO TRANE

3 TONS 16.5 SEERS TRANE STRAIGHT COOL

New Air Handler installed in closet:

New Condenser:

New Flow Switch;

New Thermostat;

New Concrete Slab & Tie Downs.

Connected to existing Duct Work.

Connected to existing Copper Lines.

Connected to existing High Voltage

Connected to existing Low voltage.

10 Years Warranty on the unit

1 Year Warranty of labor

\*\*PERMITS AND PERMIT FEES NOT INCLUDED\*\*

ADD 1 SUPPLY TO BEDROOM (Situated next to Living Room)

PERMIT AND PERMIT FEES

50 % Deposit Required to Commence Work;

- Due to relationship with Referral - not required.

SEE BELOW FOR WARRANTY CERTIFICATE: 10 YEARS

PAYMENT BALANCE DUE 275.00

**AMOUNT** 

4,800.00

5,075.00

\$0.00

TEM6A0C36H31SBA/ 20133T3R3V 4TTR6036J1000AA/ 20132KU55F

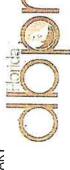
—DocuSigned by: ABIGAIL LETTS

-7C412AD6CC28403





JONATHAN ZACHEM, SECRETARY



## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

# CONSTRUCTION INDUSTRY LICENSING BOARD

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

## GAUDET, JOLYNE

CLEVER AC SOLUTIONS LLC 205 SLADE DR LONGWOOD FL 32750

**LICENSE NUMBER: CAC1819768** 

**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.

## Save Entered Data



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/16/2020

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 confident to the certificate does not

tł	nis certificate does not confer rights	to the	cert	ificate holder in lieu of s	such end	dorsement(s	).	require an endorsement.	A statement of
PRO	DUCER				CONTA NAME:	Custom:	er Relations		
Seeman Holtz					PHONE (054)C4C 5000 FAX				
510 Shotgun Rd, Suite 530					(A/C, No, Ext); (954)616-5092 (A/C, No): E-MAIL ADDRESS: gmedrano@seemanholtzpc.com				
					INSURER(S) AFFORDING COVERAGE				NAIC#
Sunrise FL 33326					INSURER A: Ascendant				1940
Clever AC Solutions LLC					INSURER B: Amtrust				
					INSURER C:				
					INSURER D :				
	205 Slade Dr				INSURE	/ WCS17			
Longwood FL 32750				FL 32750	INSURER F:				
CO	VERAGES CER	RTIFIC	ATE	NUMBER:	, , , , , , , , ,			REVISION NUMBER:	
CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIR PÉRT.	EMEI AIN.	NT: TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT	TO WHICH THIS
NSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY	11100				(mm/ob/1111)	Minimobil 1 1 1		1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	100,000
				01.00404.0				MED EXP (Any one person) \$	5,000
Α				GL-63461-0		05/24/2019	05/24/2020	PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								2,000,000
- 1	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	1,000,000
-	OTHER:		-					S S S S S S S S S S S S S S S S S S S	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$	
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	
_			-					\$	
- 1	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
- 1	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE \$	
-	DED RETENTION \$ WORKERS COMPENSATION							\$	
- 1	AND EMPLOYERS' LIABILITY					11/01/2020	X PER STATUTE OTH-		
в	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	TWC3835022				11/01/2019		500,000
- 1	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
-	DÉSCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT \$	500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	CORD	101, Additional Remarks Schedul	ile, may be	attached if more	space ls require	od)	
ER	TIFICATE HOLDER				CANC	ELLATION			
	City of Belle Isle 1600 Nela Ave				SHOU THE ACCO	JLD ANY OF T EXPIRATION ORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CANC REOF, NOTICE WILL BE Y PROVISIONS.	
				l	AUTHOR	IZED REPRESEN			
	Belle Isle			FL 32809			Da	nzo Campa	- 11-

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## **BUSINESS TAX RECEIPT**

**CITY OF LONGWOOD** 175 W WARREN AVE LONGWOOD, FL 32750

2019-2020

Phone: (407)260-3442 http://www.longwoodfl.org

Receipt #: 20-01726

Issued Date:

10/22/19

Effective Date: 10/01/19

Expiration Date: 09/30/20

License Type: HOME OFFICE/ONE (1) EMPLOYEE

Business Name: CLEVER AC SOLUTIONS

**Business Location: 205 SLADE DR** 

JOLYNE GAUDET 205 SLADE DR LONGWOOD, FL 32750

LONGWOO Florida

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.