



City of Belle Isle Job Site Card MECHANICAL PERMIT 2020-04-036

Subdivision
Class: Residential

Site Address: 4915 Oak Island Rd 32809
Parcel Number: 18-23-30-6028-00-033

Description of Work: ONE TON UNIT.

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

Type of System: Mini Split System

Heating: # of Units KWS Per Unit N/A Electric

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

License # CAC032488

Contact # 407 333-2665

Payment/ Issued Date & Method: 4 / 15 / 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."

RECEIVED
APR 15 2020



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: 4/13/20 PERMIT NUMBER 2020-04-036
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 4915 Oak Island Road Belle Isle FL 32809 32812
Property Owner Cardell Const Phone 407-947-9353
Property Owner's Mailing Address 1115 E Livingston St City Orlando
State FL Zip Code 32803 Parcel Id Number: _____

To obtain this information, please visit <http://www.ocpaff.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

- **REQUIRED** certified Tie Down Engineering documentation (can be found at www.floridabuilding.org)
- **REQUIRED:** if adding A/C to new space, provide Energy Calculations & Equipment Sizing 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 1 Total Tons 1 MINISPLIT NEW
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 4880
Heating: # of Units KWS Per Unit N/A Total KWS _____ BTU's _____
Oil Electric Boiler Gas Estimated Cost \$ _____
(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 1 Dryer Vents _____ Estimated Cost \$ _____

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 _____ No _____ (B) Estimated Cost Fee \$ 4880

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 # PACO 32448
LICENSE HOLDER NAME Robert G. Dello Russo COMPANY NAME Del-Air Heating & A/C
Street Address 531 Cochise Way
City Sanford State FL Zip Code 32771 Phone Number 407-585-3004
Email Address mrc@delam.com

Building Official: OTZ Date 4-15-20
Verified Contractor's Licenses & Insurance are on file (Signature) Date 4-15-20

Permit Fee \$ 73.-
Review Fee \$ 36.50
2.5% Florida Surcharge \$ 4 min
Total Permit Fee \$ 113.50

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.

73 + 2
36.50
109.50

PAID
407-1515
2020

**DEL-AIR
HEATING - AIR CONDITIONING
REFRIGERATION, INC.**


Date 4/13/20

City Of Belle Isle
Building Division

Dear Sir:

This letter is written to give authorization for Ernie Delrymple to pull the mechanical permit for Del-Air Heating, Air Conditioning & Refrigeration, Inc. for 4415 Oak Island Rd

Thank You,



Robert G. Dello Russo, President

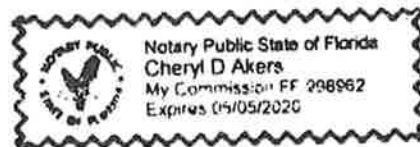
DEL-AIR HEATING, AIR CONDITIONING &
REFRIGERATION, INC.

RGDR/jd

Sworn to before me by Robert G. Dello Russo
on this 13 day of April, 2020


NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



P.O. Box 520522
Longwood, FL 32752-0522
Phone (407)333-COOL (2665)
(407)831-COOL (2665)

SALES
SERVICE
INSTALLATION

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	<u>DEL-AIR HEATING A/C & REFR INC</u>	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	<u>DELLO RUSSO, ROBERT G</u>	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.

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.



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) 833-8998 E-MAIL ADDRESS: karen.hall@stahlinsurance.com FAX (A/C, No): (407) 833-3909	
INSURED Del-Air Heating, A/C & Refrigeration, Inc. Del-Air Appliance Centers, LLC 531 Codisco Way Sanford FL 32771		INSURER(S) AFFORDING COVERAGE INSURER A: National Trust Insurance Co INSURER B: FCCI Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 20141 10178	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> 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 - COMPIOPAGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>			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 EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input 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	N/A	001WC19A73661	06/01/2019	06/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 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 
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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.

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