



City of Belle Isle Job Site Permit Card

MECHANICAL

2020-04-082

Subdivision

Site Address: 5111 Duban Ave 32812

Class: Residential

Parcel Number: NOT LISTED ON OCPA

Description of Work: THREE TON UNIT.

Air Conditioning: # of Units 1 Tons Per Unit 3.0 Total Tons 3.0

Type of System: Split System Heat Pump

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

Issued: NO SWEAT A/C AND HEATING LLC, THRIFT, ALAN D License # CAC1816648

Contact # 407 497-4259 Payment/ Issued Date & Method: 4 / 30 / 2020

Picked up by Emailed

Payment options: Visa, Master Card, Amex, Discover, Check / Money Order#

5082

MECHANICAL INSPECTOR DATE COMMENTS

Table with 4 columns: MECHANICAL, INSPECTOR, DATE, COMMENTS. Rows include: 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."



Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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: 04-01-2020

PERMIT NUMBER 2020-04-082

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

Project Address 5111 Duban Avenue, Belle Isle FL 32809 **X** 32812  
Property Owner Daniel Murray Phone 321-418-9478  
Property Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ **X Parcel Id Number:** \_\_\_\_\_

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:

MCA 15082  
4-30-2020

Air Conditioning: # of Units 1 Tons Per Unit 3.0 Total Tons 3.0  
Type of System: Water to Air \_\_\_\_\_ Chiller \_\_\_\_\_ Split System **X** Package \_\_\_\_\_ Heat Pump **X** Estimated Cost \$ \_\_\_\_\_

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

(A) Estimated Cost Fee \$ 5375.00

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 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 \$ \_\_\_\_\_

Was the space previously Air Conditioned? Yes **X** 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 [Signature] LICENSE # CAC1816648

LICENSE HOLDER NAME ALAN THRIFT COMPANY NAME NO SWEAT AC & HEATING LLC

Street Address 1423 S BUMBY AVENUE

City ORLANDO State FL Zip Code 32806 Phone Number 407-497-4259

Email Address ALAN@NOSWEATORLANDO.COM

Building Official: DTC Date 4-29-2020  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-29-2020  
**UPDATED**

Permit Fee \$ 55  
Review Fee \$ 27.50  
1% BCAIB Fee \$ 2.00  
1.5% DCA Fee \$ 2.00  
Total Permit Fee \$ 86.50

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 \_\_\_\_\_

39  
18  
55  
27.50  
27.50

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



**LICENSE NUMBER: CAC1816648**

**EXPIRATION DATE: AUGUST 31, 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.

	<b>2019</b>	<b>EXPIRES</b>	<b>9/30/2020</b>		5000-1099862
5000 BUSINESS OFFICE	\$30.00	9 EMPLOYEES ;	1804 CLASS B AIR COND CON	\$30.00	1 EMPLOYEE ;

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

1423 S BUMBY AVE  
U - ORLANDO, 32806

PAID: \$60.00 2002-05471874 9/30/2019



THRIFT ALAN-CAC1816648

NO SWEAT A/C AND HEATING LLC  
THRIFT ALAN-CAC1816648  
1423 S BUMBY AVE  
ORLANDO FL 32806

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)  
04/02/2020

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 confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		<b>CONTACT NAME:</b> CLIENT CONTACT CENTER <b>PHONE (A/C, No, Ext):</b> 888-333-4949 <b>FAX (A/C, No):</b> 507-446-4664 <b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM	
<b>INSURED</b> NO SWEAT A/C AND HEATING LLC 1423 S BUMBAY AVE ORLANDO, FL 32806-2437		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FEDERATED MUTUAL INSURANCE COMPANY      NAIC # 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	398-123-0

**COVERAGES**      **CERTIFICATE NUMBER: 13**      **REVISION NUMBER: 3**

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 INGR	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	6036329	01/18/2020	01/18/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/DP 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	6036330	01/18/2020	01/18/2021	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION						EACH OCCURRENCE AGGREGATE
A	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/A	6036331	01/18/2020	01/18/2021	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

398-123-0  
 CITY OF BELLE ISLE  
 1600 NELA AVE  
 BELLE ISLE, FL 32809-6184

13 3

**CANCELLATION**

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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