

City of Belle Isle Job Site Permit Card

MECHANICAL 2020-03-065

Site Address: 5326 Chiswick Cir 328012 Class: Residential

Parcel Number: 20-23-30-9373-00-220 Subdivision

==============		
Description of Work: CHANGI	E OUT - FIVE TON UNIT.	
Air Conditioning: # of Units 1	Tons Per Unit 5	Total Tons 5
Type of System: Split System	Heat Pump	
Heating: # of Units KWS Per Units	nit 1 Total KWS 8	Electric
=======================================		
Issued: GREENS ENERGY SEI	RVICES INC, GREEN, JOH	INTJR License # CAC1813726
Contact # 407 282-5000	Payment/ Issued Date &	Method:// 2020
□ Picked up by	Emailed	
Ŭ Visa ☐ Master Card	□ Amex □ Discover	☐ Check / Money Order#
9879		
Issued To: GREENS ENERGY S	FRANCES INC	Pusings Physic 407 202 5000
	ERVICES INC	Business Phone: 407 282-5000
Name: GREEN, JOHN T JR		Contractor License #: CAC1813726

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



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.

		=	- 1
DATE OF APPLICATION: 3/24/2020		PERMIT NUMBER	1020-63-06
PLEASE PRINT. The undersigned hereby app	olies for a permit to make installa	ations as indicated below:	
Project Address 5326 Chiswick Circle Orlando, FL	32812 5326 Chiswick C	ir para tala si	00000
Property Owner Roland Lasterza		, Delle Isle FL	3280932812 88-1813 407 538-1813
Property Owner's Mailing Address 5326 Chiswic	k Circle	City Belle Isle 33	
State_FLZip Code_32812	Parcel Id Number: 20-23-30	0-9373-00-220 20-23-30-9	9073-00-220
	To obtain this information, ple	ease visit http://www.ocpafl.org/	Searches/ParcelSearch.aspx
Class of Building: Old 🕢 New 🔲 💮 Ty			
	ype of Building : Residential [ddition 🗖 Repair 🗖	Channercial U Other	
REQUIRED: Tie Down Engineering	Tropon	Change out 12	
 REQUIRED: if adding A/C to new space, pro 	vide Energy Calculations & Equir	ment Sizing Calculations	
REQUIRED: if replacing unit with no duct wo	rk, Duct Certification as per FB 10	1.4.7.1, must be posted on ur	nit
Please indicate the nature of work by completing the	information below:		
Air Conditioning: # of UnitsTons Per Unit	5 Total Tons 5		
Type of System: Water to AirChiller Sp	olit SystemX Package F	leat Pumpx	Estimated Cost \$
Heating: # of Units KWS Per Unit To Oil ElectricX B	otal KWS 8 BTU's	_	Estimated Cost \$
		(A) Estim	ated Cost Fee \$ 14,026.00
Fees for items below are based on valuation of all	units, equipment, materials and I	abor supplied by owner or co	ntractor.
ventilation:			
(Number of) Grease Heat Hoods, Air I	ntakes Exhaust Fans	Dryer Vents	Estimated Cost \$
Refrigeration: Number of units		11/54 98/9	Estimated Cost \$
Piping: Air Vacuum Steam C	hill Water	Y 2020	Estimated Cost \$
Others: (Specify)		HET.	Estimated Cost \$
Was the space previously Air Conditioned? Yes	X No	(B) Esi	timated Cast Foo ®
I hereby certify that the above is true and correct	t to the best of my knowledge a	nd make Application for Permi	it as outlined above, and if
same is granted i agree to conform to all Florida Build	ding Code Regulations and City Ord	dinances regulating same and in	n accordance with plans
submitted. The issuance of this permit does not gran	nt permission to violate any applica	able Town and/or State of Flori	da codes and/or ordinances.
LICENSE HOLDER SIGNATURE	Dree	LICENSE#_ CAC	:1813726
LICENSE HOLDER NAME John Green		ANY NAME Greens Energy Se	
Street Address186 N Goldenrod Rd			
City Orlando Sta	ate FL Zip Code 32807	Phone Number	407-282-5000
Email Addresscdurham@greensenergy.com		· · · · · · · · · · · · · · · · · · ·	
			10 0
. 224	A	Permit Fe	e \$ 67.00
Building Official:	Date	2070	33.50
Vestinal Control of the	Date 3 · 24 ·	Review Fe	se \$
Verified Contractor's Licenses & Insurance are	on file Date	3% Florida Surcharg	ge \$
COMBLETED NOC		Total Permit Fee	\$ 104:50
NOTE: The Building Permit Number is required if the	ne Mechanical Installation is associ	ated with any construction or	alteration where a Building
Perguithas been issued.		Building Permit Num	

Permit Number: 2020-03-045
Folio/Parcel ID #: 20-23-30-9373-00-220
Prepared by: Greens Energy Services, Inc
186 N. Goldenrod Rd.
Orlando, FL 32807

DOC # 20200208598 04/01/2020 14:18 PM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: CSC INC

Sec. 1997
332
ide to certain real property, and in accordance
ovided in this Notice of Commencement.
street address if available)
5324 Chiswicks Cir
Orlando, FL 32512
tracted for the improvement
FL 32812
FL 32812
Owner listed above)
Owner listed above)
Telephone Number 407-282-5000
Telephone Number
Telephone NumberAmount of Bond \$
Telephone Number
on whom notices or other documents may Telephone Number
wing to receive a copy of the Lienor's
74
Telephone Number
ate may not be before the completion of ar from the date of recording unless a
PIRATION OF THE NOTICE OF COMMENCEMENT FION 713.13, FLORIDA STATUTES, AND CAN
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TION 713.13, FLORIDA STATUTES, AND CAN A NOTICE OF COMMENCEMENT MUST BE IF YOU INTEND TO OBTAIN FINANCING, CONSULT CORDING YOUR NOTICE OF COMMENCEMENT. Der/Manager Signatory's Tille/Office of 3/20 by R 0/414 name of person
A NOTICE OF COMMENCEMENT MUST BE IF YOU INTEND TO OBTAIN FINANCING, CONSULT CORDING YOUR NOTICE OF COMMENCEMENT. Signatory's Title/Office of 3/20 by 8/414 45/47 name of person
A NOTICE OF COMMENCEMENT MUST BE IF YOU INTEND TO OBTAIN FINANCING, CONSULT CORDING YOUR NOTICE OF COMMENCEMENT. Der/Manager Signatory's Title/Office of 3/20 by 4/4/4/45 Party on behalf of whom instrument was executed
A NOTICE OF COMMENCEMENT MUST BE IF YOU INTEND TO OBTAIN FINANCING, CONSULT CORDING YOUR NOTICE OF COMMENCEMENT. Der/Manager Signatory's Title/Office of 3/20 by 4/4/4/4/5/7/4 party on behalf of whom instrument was executed
A NOTICE OF COMMENCEMENT MUST BE IF YOU INTEND TO OBTAIN FINANCING, CONSULT CORDING YOUR NOTICE OF COMMENCEMENT. Der/Manager Signatory's Title/Office of 3/20 by 4/4/4/4/5/7/4 party on behalf of whom instrument was executed
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A NOTICE OF COMMENCEMENT MUST BE IF YOU INTEND TO OBTAIN FINANCING, CONSULT CORDING YOUR NOTICE OF COMMENCEMENT. Deri/Manager Signatory's Title/Office of 3/20 by 0/414 name of person 45/4/24 party on behalf of whom instrument was executed

Greens Energy Services, Inc.



186 N. Goldenrod Road Orlando, FL 32807 (407) 282 5000 www.greensenergy.com



Proposed by: Russell Lee (407) 288 2716

rlee@greensenergy.com

Proposed for: Roland Lastarza

5326 Chiswick Circle Orlando, FL 32812 (407) 538 1813

doc.lastarza@gmail.com

BEST

Your Investment:

\$14,026







Included Deductions:

- CARRIER INFINITY GREENSPEED (25VNA0) COOL CASH INSTANT REBATE (\$1,350.00)
- OFF SEASON DISCOUNT (\$662.18)

Other Incentives:

- DUKE ENERGY REBATE - LESS EFFICIENT HEAT PUMP TO A MINIMUM 17 SEER / 9.0 HSPF HEAT PUMP \$600 (\$0.00)

Net Investment: \$14,026

Carrier 25VNA060A003

Brochure

-Infinity Series

-Heat Pump

-Variable Speed

- Mutli Stage

-10 year parts limited to original purchaser upon timely registration -Olherwise 5 years Applies to

residential installation only

Carrier

FE4ANB006L00

Brochure

-Infinity Series

-Air Handler

-Variable Speed

Carrier CE0801N08

-Auxiliary Heater

Carrier

SYSTXCCITC01-A

Brochure

-Infinity System Wifi

Controller

AHRI Matchup:



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

GREEN, JOHN T JR

GREENS ENERGY SERVICES INC 186 N. GOLDENROD RD ORLANDO FL 32807

LICENSE NUMBER: CAC1813726 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2019

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 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 Bowen, Miclette & Britt of Florid	12.11.0	CONTACT Michelle Rushing				
1020 N. Orlando Avenue	ia, LLC	PHONE (A/C. No. Ext): (407) 647-1616	FAX (A/C, No): (407)	628-1635		
Suite #200		ADDRESS: mrushing@bmbinc.com				
Maitland FL 32751		INSURER(S) AFFORDING CO	VERAGE	NAIC#		
		INSURER A : Philadelphia Indemnity Ins Co).	18058		
Greens Energy Services, Inc. 186 N. Goldenrod Road Orlando FL 32807	GREENSENER	INSURER B : Bridgefield Employers Insura	nce Co.	10701		
		INSURER c : Westchester Surplus Lines Insurance		10172		
		INSURER D :				
		INSURER E				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 011014386	DEVICE	ON NUMBER			

COVERAGES

CERTIFICATE NUMBER: 911014386

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

NSR TR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
^	X	CLAIMS-MADE X OCCUR	- Y	Y	Y PHPK2003708	6/30/2019	6/30/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	-							MED EXP (Any one person)	\$ Excluded
	_							PERSONAL & ADV INJURY	\$ 1,000,000
	-	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
- 1	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:							\$
4	-	OMOBILE LIABILITY	Y	Υ	Y PHPK2003708	6/30/2019	6/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х	HIVI AUTO			BODILY INJURY (Per person)	\$			
		ALL OWNED SCHEDULED AUTOS				1 1		BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
_	\rightarrow	CA9948 X MCS-90						PIP Per Person	\$ 10,000
۱,	Х	UMBRELLA LIAB X OCCUR	E Y	Y	Y PHUB683091	6/30/2019	6/30/2020	EACH OCCURRENCE	\$ 5,000,000
-	-	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
_		DED X RETENTION \$ 10,000							5
	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N		Υ	Y 083045369	6/30/2019	6/30/2020	X PER STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
		describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000		
	Pollui	tion Liability			G70965112001	6/30/2019		Each Poll Condition Aggregate	1,000,000 1,000,000

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

The following policy provisions and/or endorsements form part of the policies of insurance represented by this certificate of insurance. The terms contained in the policies and/or endorsements supersede the representations made herein. Electronic copies of the policy provisions and/or endorsements listed below are available by emailing: certificates@bmbinc.com

When required by written contract, those parties listed in said contract, including the Certificate Holder, are added as an additional insured with respect to the General Liability including ongoing and completed operations, Auto Liability, and Umbrella Liability as afforded by the policy and/or endorsements.

When required by written contract, waiver of subrogation is granted with respect to the General Liability, Auto Liability, Workers Compensation, and Umbrella See Attached...

CERTIFICATE HOLDER	CANCELLATION			
City of Belle Isle 1600 Nela Ave	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Belle Isle FL 32809	AUTHORIZED REPRESENTATIVE			

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Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2019

EXPIRES

9/30/2020

1804-0010644

1804 CONTR-HARV

\$30.00

1 EMPLOYEE

TOTAL TAX
PREVIOUSLY PAID
TOTAL DUE

\$30.00 \$30.00 \$0.00 GREEN JR JOHN T

GREENS ENERGY SERVICES INC 186 N GOLDENROD RD ORLANDO FL 32807-8204

186 N GOLDENROD RD U - ORLANDO, 32807

PAID: \$30.00 0099-00893247 7/24/2019

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.

2019

EXPIRES

9/30/2020

1804-0010644

1804 CONTR-HARV

\$30.00

1 EMPLOYEE

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

186 N GOLDENROD RD U - ORLANDO, 32807

PAID: \$30,00 0099-00893247 7/24/2019

OR COUNTY, THORITISM

GREEN JR JOHN T

GREENS ENERGY SERVICES INC 186 N GOLDENROD RD ORLANDO FL 32807-8204

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.

