



City of Belle Isle Job Site Permit Card

MECHANICAL

2020-03-036

Site Address: 6658 The Landings Dr 328012
Parcel Number: 20-23-30-4980-00-100

Class: Residential
Subdivision

Description of Work: TWO TON UNIT.

Air Conditioning: # of Units 1 Tons Per Unit 2 Total Tons 2
Type of System: Split System Heat Pump
Heating: # of Units KWS Per Unit 5 Total KWS 5 Electric

Issued: MORSETECH INC, MORSE, FRANK L JR License # CAC058485
Contact # 407 648-0212 Payment/ Issued Date & Method: 4 / 2 / 2020

Picked up by [ ] Emailed [x]
[ ] Visa [x] Master Card [ ] Amex [ ] Discover [ ] Check / Money Order#
1 5 5 7

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."



### City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universaleengineering.com](http://www.universaleengineering.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: 3/11/2020 PERMIT NUMBER 2020-03-036  
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 6658 THE LANDINGS DR. Belle Isle Fl 32811  
 Property Owner TIM & MARIE KUCK Phone 132810  
 Property Owner's Mailing Address 6658 THE LANDINGS DR. City BELLE ISLE  
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-4980-00100  
 REQUIRED! To obtain this information, please visit <http://www.ocofl.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 Total Tons 2 Estimated Cost \$ 5,790.00  
 Type of System: Water to Air  Chiller  Split System  Package  Heat Pump   
 Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
 Oil  Electric  Boiler  Gas   
 (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 \_\_\_\_\_ 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 \$ \_\_\_\_\_

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.

X LICENSE HOLDER SIGNATURE Frank L. Morse Jr. LICENSE # PAC058485  
 LICENSE HOLDER NAME Frank L. Morse Jr. COMPANY NAME MorseTech Inc.  
 Street Address 2040 N. Rio Grande Ave.  
 City Orlando State FL Zip Code 32804 Phone Number 407-648-0212  
 Email Address morseotechinc@bellsouth.net

|                         |           |                     |
|-------------------------|-----------|---------------------|
| Permit Fee              | \$        | <u>49.00</u>        |
| Review Fee              | \$        | <u>24.50</u>        |
| 1% BCAIB Fee            | \$        | <u>2.00</u>         |
| 1.5% DCA Fee            | \$        | <u>2.00</u>         |
| <b>Total Permit Fee</b> | <b>\$</b> | <b><u>77.50</u></b> |

Building Official: OTC Date 3-12-2020  
 Verified Contractor's Licenses & Insurance are on file f Date 3-12-2020

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.

$$\begin{array}{r} 37 \\ 12 \times 6 \\ \hline 49 \div 2 \end{array} \quad 24.50$$

Building Permit Number 2020-03-036



**MORSETECH** INC.  
**AIR CONDITIONING**

2040 N. Rio Grande Ave  
Orlando, FL 32804

CAC058485

Office: 407-648-0212 \* Fax: 407-420-4787 \* [www.morsetech-air.com](http://www.morsetech-air.com) \* [morsetechinc@bellsouth.net](mailto:morsetechinc@bellsouth.net)

Permit Details

Installation address/contact:

Tim and Marie Kuck  
6658 The Landings Dr.  
Belle Isle, FL. 32812  
321-231-9737

February 10, 2020

Installation detail:

Change out same size same location

Equipment type: (split system or package unit)

Split system heat pump

Tonnage:

2 tons

Elect. heat KWs:

5 KW

SEER:

16

EER:

13

HSPF:

9.0

Job cost

\$5,790.00



**RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER**

Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify...

**6658 The Landings Dr** < 20-23-30-4980-00-100 >

Name(s)  
 Kuck Timothy D  
 Kuck Marie  
 Mailing Address On File  
 6658 The Landings Dr  
 Belle Isle, FL 32812-3528  
 Incorrect Mailing Address?

Physical Street Address  
 6658 The Landings Dr  
 Postal City and Zipcode  
 Orlando, FL 32812  
 Property Use  
 0130 - Sfr - Lake Front  
 Municipality  
 Belle Isle



**View 2019 Property Record Card**

Property Features | **Values, Exemptions and Taxes** | **Analyses** | Location Info | Market Stats | Update Information

**2020 values will be available in August of 2020.**

**Property Description**

THE LANDINGS AT LAKE CONWAY 9/125 LOT 10

**Total Land Area** 17,658 sqft (+/-) | 0.41 acres (+/-) GIS Calculated Notice

**Land**

| Land Use Code           | Zoning | Land Units | Unit Price | Land Value | Class Unit Price | Class Value |
|-------------------------|--------|------------|------------|------------|------------------|-------------|
| 0130 - Sfr - Lake Front | R-1-AA | 1 LOT(S)   | working... | working... | working...       | working...  |

Page 1 of 1 (1 total records)

**Buildings**

| Important Information  | Structure  |
|--|--|
| <p><b>Model Code:</b> 01 - Single Fam Residence</p> <p><b>Type Code:</b> 0103 - Single Fam Class III</p> | <p><b>Actual Year Built:</b> 1984</p> <p><b>Beds:</b> 4</p> <p><b>Gross Area:</b> 4795 sqft</p> <p><b>Living Area:</b> 3426 sqft</p> |

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

**MORSE, FRANK L JR**  
MORSETECH INC  
2040 N. RIO GRANDE AVENUE  
ORLANDO FL 32804

**LICENSE NUMBER: CAC058485**

**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.

2019 - 2020



**Local Business Tax Receipt**

(Formerly known as "Business License "  
changed per state law HB1269-2006)

**Business Name**

MORSETECH INC CAC058485 - FRANK L  
MORSE JR  
2040 N RIO GRANDE AVE  
ORLANDO, FL 32804

**Business Owner**

MORSETECH INC CAC058485 - FRANK L  
MORSE JR

**Business Location**

2040 N RIO GRANDE AVE  
ORLANDO, FL

THIS TAX RECEIPT ONLY EVIDENCES  
PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT  
TO CH.205, FLORIDA STATUTES. IT DOES NOT PERMIT  
THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY,  
STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE  
NOTIFIED OF ANY MATERIAL CHANGE TO THE  
INFORMATION FOUND HEREIN BELOW. THIS RECEIPT  
DOES NOT CONSTITUTE AN ENDORSEMENT OR  
APPROVAL OF THE HOLDER'S SKILL OR  
COMPETENCY.

**Case Number:** BUS-0015304

**Issued Date:** 12/16/2019

**Expiration Date:** 09/30/2020

**Business type(s):**

| <b>Description</b>            | <b>Year</b> |
|-------------------------------|-------------|
| CONTRA 1524 CONTRACTOR DBPR   | 2020        |
| WARHSE 4728 WAREHOUSE/STORAGE | 2020        |



Local Business Tax Receipt  
City Hall, 400 South Orange Avenue, First Floor  
Post Office Box 4990  
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: [businesstax@orlando.gov](mailto:businesstax@orlando.gov)

Prompt! Interactive Voice Response System: 407.246.4444  
Visit our website: [orlando.gov/permits](http://orlando.gov/permits)



MORSETE

OP ID: RH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/18/2020

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><br>Hatcher Insurance, Inc.<br>P.O. Box 540689<br>Orlando, FL 32854-0689<br>Hatcher Insurance, Inc. | <b>407-841-2686</b> | <b>CONTACT NAME:</b><br>Hatcher Insurance, Inc. | <b>PHONE (A/C, No, Ext):</b><br>407-841-2686 | <b>FAX (A/C, No):</b><br>407-841-2688 |
| <b>INSURED</b><br>Morsetech, Inc.<br>Attn: Patrick<br>2040 N Rio Grande Ave<br>Orlando, FL 32804                   |                     | <b>INSURER(S) AFFORDING COVERAGE</b>            | <b>NAIC #</b>                                |                                       |
|  |                     | <b>INSURER A:</b> Southern-Owners Insurance Co. | 10190  |                                       |
|  |                     | <b>INSURER B:</b> Auto-Owners Insurance Co.     | 18988  |                                       |
|  |                     | <b>INSURER C:</b> FL Citrus, Bus. & Ind. Fund   | 15105  |                                       |
|  |                     | <b>INSURER D:</b>                               |  |                                       |
|  |                     | <b>INSURER E:</b>                               |  |                                       |
|  |                     | <b>INSURER F:</b>                               |  |                                       |

**COVERAGES CERTIFICATE NUMBER: 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   |              |
|----------|--|---------------------------------|-----------------------------------|------------------------------|-------------------------|-------------------------|--|--------------|
| <b>A</b> | <b>X</b> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |                                 |                                   | 72082688                     | 02/24/2020              | 02/24/2021              | EACH OCCURRENCE                                      | \$ 1,000,000 |
|          |  |                                 |                                   |                              |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)            | \$ 50,000    |
|          |  |                                 |                                   |                              |                         |                         | MED EXP (Any one person)                             | \$ 5,000     |
|          |  |                                 |                                   |                              |                         |                         | PERSONAL & ADV INJURY                                | \$ 1,000,000 |
|          |  |                                 |                                   |                              |                         |                         | GENERAL AGGREGATE                                    | \$ 1,000,000 |
|          |  |                                 |                                   |                              |                         |                         | PRODUCTS - COMP/OP AGG                               | \$ 1,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                                 |                                   |                              |                         |                         |  |              |
|          |  | <input type="checkbox"/> POLICY | <input type="checkbox"/> PRO-JECT | <input type="checkbox"/> LOC |                         |                         |  |              |
|          | OTHER:   |                                 |                                   |                              |                         |                         |  |              |
| <b>B</b> | <b>X</b> AUTOMOBILE LIABILITY<br>ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                 |                                   | 9631084800                   | 02/24/2020              | 02/24/2021              | COMBINED SINGLE LIMIT (Ea accident)                  | \$ 300,000   |
|          |  |                                 |                                   |                              |                         |                         | BODILY INJURY (Per person)                           | \$           |
|          |  |                                 |                                   |                              |                         |                         | BODILY INJURY (Per accident)                         | \$           |
|          |  |                                 |                                   |                              |                         |                         | PROPERTY DAMAGE (Per accident)                       | \$           |
|          |  |                                 |                                   |                              |                         |                         |  | \$           |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR   |                                 |                                   |                              |                         |                         | EACH OCCURRENCE                                      | \$           |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   |                                 |                                   |                              |                         |                         | AGGREGATE  | \$           |
|          | DED RETENTION \$   |                                 |                                   |                              |                         |                         |  | \$           |
| <b>C</b> | <b>X</b> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A |                                 |                                   | 10636698                     | 04/01/2019              | 04/01/2020              | <b>X</b> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |                                 |                                   |                              |                         |                         | E.L. EACH ACCIDENT                                   | \$ 100,000   |
|          |  |                                 |                                   |                              |                         |                         | E.L. DISEASE - EA EMPLOYEE                           | \$ 100,000   |
|          |  |                                 |                                   |                              |                         |                         | 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)

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b>  | <b>CANCELLATION</b>   |
| CITYBEL<br><br>City of Belle Isle<br>1600 Nela Avenue<br>Orlando, 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.<br><br>AUTHORIZED REPRESENTATIVE<br> |