



City of Belle Isle Job Site Permit Card GAS 2020-04-033

Subdivision

Site Address: 6810 Seminole Dr 32812

Class: Residential

Parcel Number: 29-23-30-4389-02-021

Description of Work: GAS - WATER HEATER OUTSIDE ON DEMAND GRILL - FUTURE USE FIREPLACE - OUTSIDE VENT FREE -FUTURE USE

FIXTURES / QTY. :

DRYER 1 FIREPLACE 1 RANGE 1 WATER HEATER 2 GRILL 1

GAS OUTLETS 6 DELIVERY PRESSURE 14' WC TOTAL # BTU'S 565,000

Issued: Lovelace Gas Service, Inc., Lovelace, Gary

License # 00413

Contact # 407 277-2966

Payment/ Issued Date & Method: 4 / 17 / 2020

Picked up by Emailed

Visa Master Card Amex Discover Check / Money Order#

6199

GAS INSPECTOR DATE COMMENTS

Table with 4 columns: GAS, INSPECTOR, DATE, COMMENTS. Rows include 400 Rough and 410 Final.

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 or PM may be requested but not 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 328
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

RECEIVED
 APR 09 2020

APPLICATION FOR GAS 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: 08/27/2020 PERMIT NUMBER 2020-04-033
 The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address 6810 Seminole Drive 32812 Belle Isle FL 32809 32812

Property Owner Leslie Kinsella Phone 407-581-8161

Property Owner's Mailing Address 2915 Nola Ave City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 29-23-30-4389-02-021
 To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

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

GAS OUTLETS 6 DELIVERY PRESSURE 1/2" wc TOTAL # BTU'S 565,000

*** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED ***
 GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS

Type of Appliance	Qty	Value of Each*
DRYER	1	\$ 300
FURNACE		\$
FIREPLACE	1	\$ 0 Future
RANGE	1	\$ 400
WATER HEATER	2	\$ 800
GRILL	1	\$ 0 Future
POOL HEATER		\$
SPA		\$
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ 3900

Special Comments:
Water heaters outside on demand
Grill - Future use
Fireplace - outside vent-free future use

151K 62
 3x16 30
 92 = 2
 46
 138

Building Official
 Digitally signed by Benjamin Surief, Lic. AB92725 & PX3694
 DN: cn=Benjamin Surief, Lic. AB92725 & PX3694, o=REVIEWED FOR CODE COMPLIANCE, ou=UES/BD
 Building Inspections & Plans Review Dept.
 email=bsurief@universalengineering.com, c=US
 Date: 2020.04.09 13:17:44 -0400
 Date: 4-9-20
 Verified Contractor's Licenses & Insurance are on file Date: 4-9-20

Permit Fee \$ 92.-
 Review Fee \$ 46.-
 1% BCAIB Fee \$ 2 min
 1.5% DCA Fee \$ 2.07
 Total Permit Fee \$ 142.07

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 William E Lovelace LICENSE # LG-413
 LICENSE HOLDER NAME William E Lovelace Sr COMPANY NAME Lovelace Gas Service Inc
 Street Address 10606 E Colonial Drive
 City Orlando State FL Zip Code 32817 Phone Number 407-277-2966
 Email Address permits@lovelacegas.com

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued.

182239

Building Permit Number UFL 6199
PAID
4-17-2020

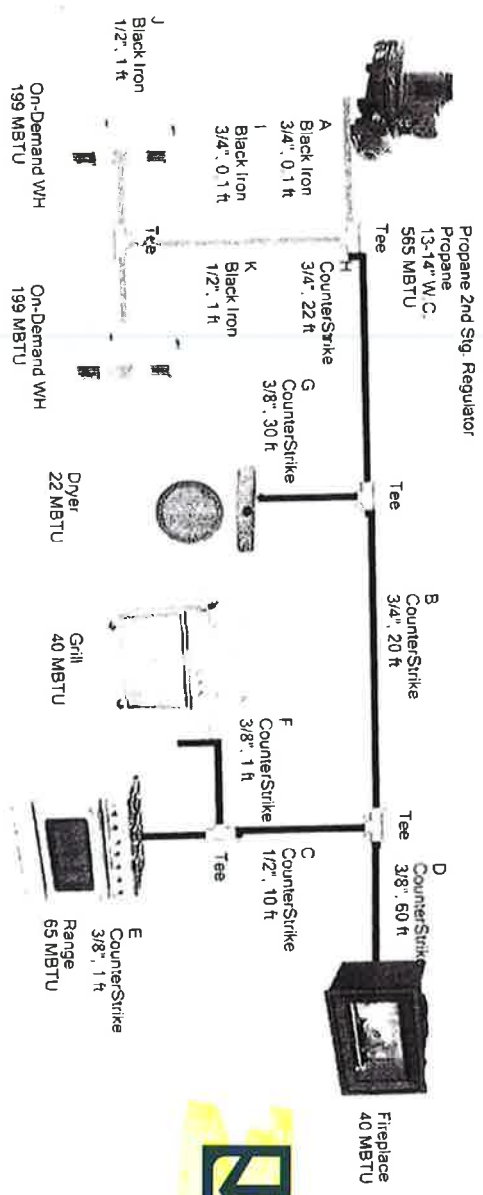
TracePipe CounterStrike

Specialized Gas Piping for Commercial

TITLE
Leslie Kinsella

Propane 13-14" W.C. Max. Drop 25" W.C.	Revision Date: Mar 27, 2020
SIZE B	TracPipe2
Drawing	3109
REV	2
Drawn By: William Lovelace	Company: Lovelace Gas Service, Inc.
Description: 6810 Seminole Gr. Behr 150' FL 32809	Revision Date: Mar 27, 2020

WILLIAM LOVELACE
William Lovelace
03/27/2020



Sum of Pressure Loss Calculations

ID	Type	Length (MBTU)	Load (MBTU)	Size	Drop/ft W.C.	Section Drop W.C.	Start W.C.	End W.C.	Source
A	BI	0.1'	565	3/4"	0.0487	0.005	13.000	12.995	Gas Source
B	CS	20'	145	3/4"	0.0066	0.132	12.801	12.669	B
C	CS	10'	105	1/2"	0.0218	0.218	12.669	12.452	B
D	CS	60'	40	3/8"	0.0141	0.846	12.669	11.823	B
E	CS	1'	65	3/8"	0.0399	0.040	12.452	12.412	C
F	CS	1'	40	3/8"	0.0141	0.014	12.452	12.437	C
G	CS	30'	22	3/8"	0.0039	0.117	12.801	12.684	H
H	CS	22'	167	3/4"	0.0088	0.194	12.985	12.801	A
I	BI	1'	398	3/4"	0.0255	0.003	12.995	12.993	A
J	BI	1'	199	1/2"	0.0277	0.028	12.993	12.965	I
K	BI	1'	199	1/2"	0.0277	0.028	12.993	12.965	I

Pipe sizes in bold are explicitly specified.
Sizing validated by SOPL method but not the BLM method.



Digitally signed by Benjamin Sural, DN: cn=Benjamin Sural, o=Universal Engineering Sciences, email=benjamin.sural@universal-engineering.com, c=US, Date: 2020.04.09 13:18:33 -0400

RECEIVED
APR 08 2020
BY: [Signature]



Florida Department of Agriculture and Consumer Services
 Division of Consumer Services
 2005 Apalachee Pkwy
 Tallahassee, Florida 32399-6500

August 17, 2019

LOVELACE GAS SERVICE INC.
 10606 E COLONIAL DR
 ORLANDO, FL 32817-4497

SUBJECT: Registration Number: LG413

The above-named business has complied with the registration requirements of Chapter 527, Florida Statutes. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually, or take advantage of the new option to renew up to three (3) years. Any license that expires is considered to be inoperative and could be subject to penalties and/or fines.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment. A COPY OF THIS LICENSE SHOULD BE RETAINED FOR YOUR RECORDS.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections. If you have any questions, please call the Division of Consumer Services toll free at (800) HELP-FLA (435-7352), or 850-410-3800 if calling from outside Florida.

Cut Here



State of Florida
 Department of Agriculture and Consumer Services
 Division of Consumer Services
 (850) 921-1600
 2005 Apalachee Pkwy
 Tallahassee, Florida 32399-6500

Registration No.: **LG413**
 Issue Date: August 16, 2019
 Expiration Date: August 31, 2020

POST CERTIFICATE
 CONSPICUOUSLY

Liquified Petroleum Gas License
LP Gas Dealer

Chapter 527, Florida Statutes
 Good for one location only

Any change in ownership of this Business renders this license Invalid

LOVELACE GAS SERVICE INC.
 10606 E COLONIAL DR
 ORLANDO, FL 32817-4497

Nicole Fried

NICOLE "NIKKI" FRIED
 COMMISSIONER OF AGRICULTURE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/28/20

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 JAMERSON MCLEAN CORP PO Box 621149 Oviedo, FL 32762	CONTACT NAME: Elizabeth Cox PHONE (A/C, No, Ext): (407)366-3482 E-MAIL ADDRESS: elizabeth@jmcleaninsurance.com	FAX (A/C, No): (407)366-8508
	INSURER(S) AFFORDING COVERAGE	
INSURED LOVELACE GAS SERVICE, INC 10606 East Colonial Drive Orlando, FL 32817	INSURER A: United States Fire Insurance Co.	NAIC # 21113
	INSURER B: Hallmark Specialty Insurance Co.	26808
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			506-898576-9	3/1/2020	3/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			506-898576-9	3/1/2020	3/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP (Owned Auto) \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 0			77HX2094E9	3/1/2020	3/1/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
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	408-738646-8	3/1/2020	3/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
Excluded Officers: Garry Lovelace William E. Lovelace Jr.							

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 Ave.
 Belle Isle FL, 32809

Fax: 407-240-2222

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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3205 LP GAS-DEALER 2019 EXPIRES 9/30/2020 3205-0971360
\$40.00 15 EMPLOYEES ;

TOTAL TAX \$40.00
PREVIOUSLY PAID \$40.00
TOTAL DUE \$0.00

LOVELACE GARRY L PRESIDENT

LOVELACE GAS SERVICE INC
LOVELACE GARRY L PRESIDENT
10606 E COLONIAL DR
ORLANDO FL 32817-4428

10606 E COLONIAL DR
U - ORLANDO, 32817

PAID: \$40.00 0098-00897750 8/3/2019

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.

3205 LP GAS-DEALER 2019 EXPIRES 9/30/2020 3205-0971360
\$40.00 15 EMPLOYEES ;

TOTAL TAX \$40.00
PREVIOUSLY PAID \$40.00
TOTAL DUE \$0.00



LOVELACE GARRY L PRESIDENT

LOVELACE GAS SERVICE INC
LOVELACE GARRY L PRESIDENT
10606 E COLONIAL DR
ORLANDO FL 32817-4428

10606 E COLONIAL DR
U - ORLANDO, 32817

PAID: \$40.00 0098-00897750 8/3/2019

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.