



City of Belle Isle Job Site Permit Card **MECHANICAL** 2021-04-058

Class: Residential

Site Address: 3404 Flowertree Rd - Belle Isle, FL 32812

Parcel Number: 29-23-30-1876-01-040. Municipality Belle Isle

INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS PENDING FOR THIS PROJECT

Description of Work: DUCT WORK LIKE FOR LIKE SAME FOR SAME.

Comments: POST FIRE REPAIR

Issued: MATHIS & SONS AIR AND HEATING, LLC., MATHIS, S T License # CAC1818734

Contact # 407 440-2244 **Payment/ Issued Date & Method:** 4 / 15 / 2021

Picked up by _____ Sent by mail to the mailing address Emailed

Visa Master Card Amex Discover Check / Money Order#

4942

Inspection requests & inquiries regarding results are to be emailed to: BI scheduling@UniversalEngineering.com

MECHANICAL INSPECTOR DATE COMMENTS

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."



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

RECEIVED
APR 12 2021

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: 4-13-21 PERMIT NUMBER 2021-04-058
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3404 Flowertree Rd, Belle Isle FL 32809 (32812)
Property Owner Ann and John Bennett Phone 407 616 7976
Property Owner's Mailing Address 284 Mason Rd City Melrose
State FL Zip Code 32666 Parcel Id Number: 29-23-30-1876-01-040
REQUIRED! To obtain this information, please visit <http://www.ocpafil.org/Searches/ParcelSearch.aspx>

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

BTIR 37
4x10 40
77 ÷ 2 = 38.50
115.50

Please indicate the nature of work by completing the information below:
post-five repair
Air Conditioning: # of Units _____ Tons Per Unit _____ Total Tons _____
Type of System: Water to Air _____ Chiller _____ Split System _____ Package _____ Heat Pump _____ Estimated Cost \$ _____
Heating: # of Units KWS Per Unit _____ Total KWS _____ 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) Duct Work Like For Like Same For Same Estimated Cost \$ 4200-

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.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CQC1818734
LICENSE HOLDER NAME Steven Mathis COMPANY NAME mathisandsonsairandheating
Street Address 5649 E. Colonial Dr Suite 103 @Gmail.com
City Orlando State FL Zip Code 32807 Phone Number 407 440 2244
Email Address mathisandsonsairandheating@gmail.com

Building Official: <u>w/0195278</u> Date <u>4-14-2021</u>	Permit Fee	\$ <u>77-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u> Date <u>4-14-2021</u>	Review Fee	\$ <u>38.50</u>
	1% BCAIB Fee	\$ <u>2 min</u>
	1.5% DCA Fee	\$ <u>2 min</u>
	Total Permit Fee	\$ <u>119.50</u>

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.

195278

Building Permit Number _____



3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 195278

Inspection Report

Project Name: 3404 Flowertree Road ~ COBI
Address: 3404 Flowertree Road ~ COBI, Belle Isle, Orange County, FL
Client: City of Belle Isle, FL
ProjectNo.: 0115.2000256.0000-0115-0005

Date: 04/15/2021 Any any
Permit No: 2021-04-058
Lot No.:
Contact: Susan Manchester at 14075818161

Scope of Inspection: REVIEW ductwork schematic for post-fire house repair for mechanical app

Inspection Type:

Disposition of Inspection:

Comments:

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Allen Johnson

PX 1653

4/14/2021

need permit card

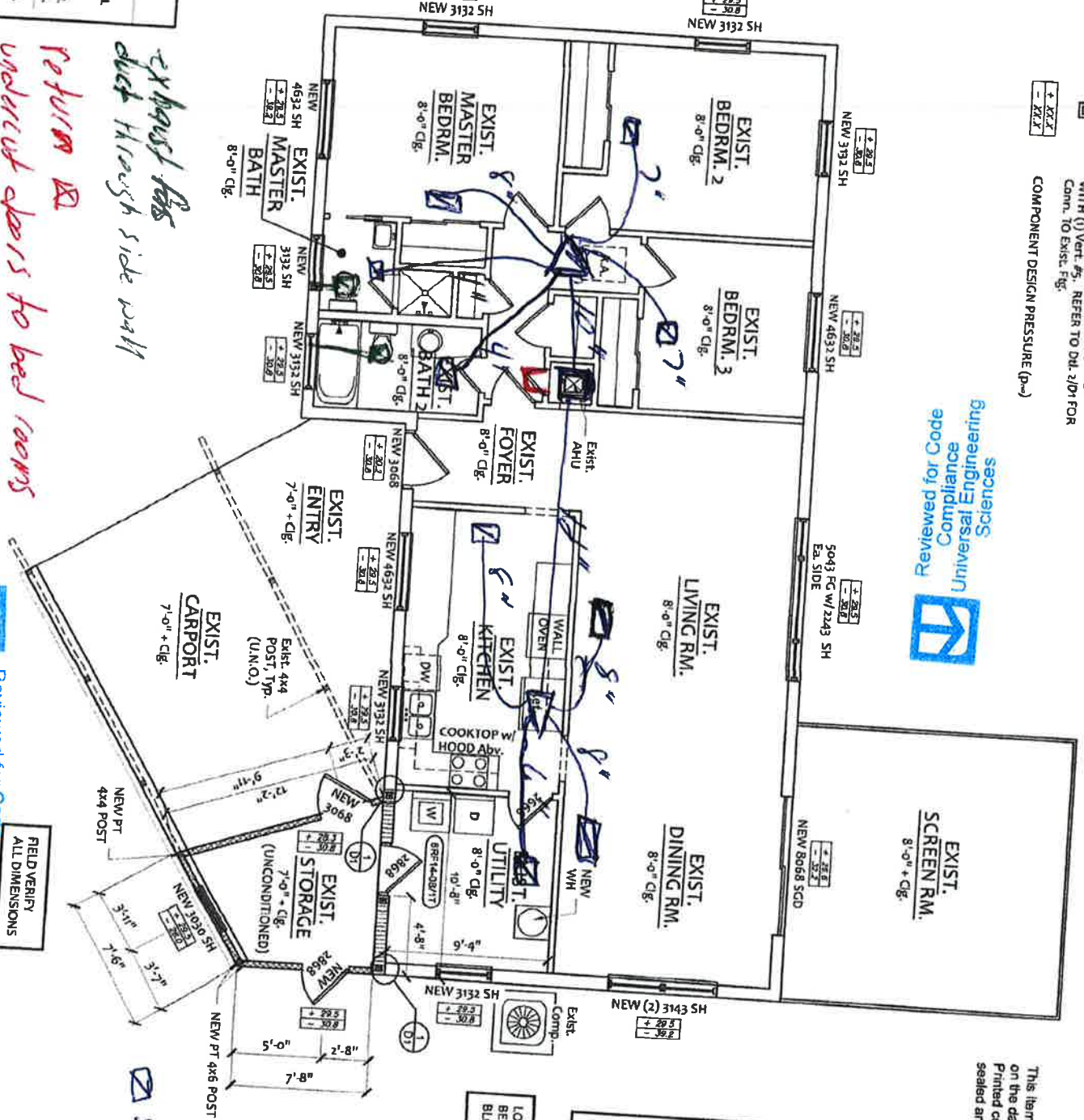
NO HEIGHTS
DIMENSIONS
BEFORE
NOTES
UNLESS
IS USED,
16" O.C.
FOR 24" O.C.
SUM BOARD
1)

INDICATES NEW GROUT FILLED CELL WITH (1) VERT. #5. REFER TO DET. 2/DY FOR CONN. TO EXIST. FIG.
COMPONENT DESIGN PRESSURE (p-s)

Reviewed for Code Compliance
Universal Engineering Sciences

TAGE	1,414 Sq. Ft.
	340 Sq. Ft.
	144 Sq. Ft.
	1,858 Sq. Ft.

Exhaust fans duct through side wall
Return & underlvt doors to bed rooms for return



Reviewed for Code Compliance
Universal Engineering Sciences

FIELD VERIFY ALL DIMENSIONS

New Johnson P x 1659 4/15/19 2021

Supply drops

Reviewed for Code Compliance
Universal Engineering Sciences

LOCATIONS OF NEW VERT. REINFORCEMENTS MAY BE VARIED BY CONTRACTOR +/- 8" TO AVOID BLOCK WEBS AND/OR OTHER IMPEDIMENTS

EGRESS NOTE:
PER THE FLORIDA BUILDING CODE EXISTING, CHAPTER 6 SEC. 604, MEANS OF EGRESS, REPAIRS SHALL BE DONE IN A MANNER THAT MAINTAINS THE LEVEL OF PROTECTION PROVIDED FOR THE MEANS OF EGRESS. EXISTING WINDOW OPENINGS WHICH DO NOT CURRENTLY MEET EGRESS WILL REMAIN UNMODIFIED. EXISTING DAMAGED WINDOWS TO BE REMOVED AND REPLACED WITH SAME SIZE OPENING AND OPERATING STYLE PER THE FLORIDA BUILDING CODE RESIDENTIAL SEC. R5102.5.

This item has been digitally signed and sealed by Tung T. Le, PE on the date shown on the timestamp using a Digital Signature. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

PROFESSIONAL ENGINEER

FLOOR PLAN

DATE	
REVISIONS	
SCALE	
PROJECT	
DATE	
BY	



Ron DeSantis, Governor

Halsey Beshears, 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

MATHIS, STEVENT

MATHIS & SONS AIR AND HEATING, LLC.
5649 E COLONIAL DRIVE
ORLANDO FL 32807

LICENSE NUMBER: CAC1818734

EXPIRATION DATE: AUGUST 31, 2022

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)

04/12/2021

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 Brown and Brown Insurance Agency, Inc 7009 DR PHILLIPS BLVD. STE 280 ORLANDO FL 32819		CONTACT NAME: Daniel Brown Jr. PHONE (A/C, No, Ext): (407) 843-7500 FAX (A/C, No): (407) 843-7888 E-MAIL ADDRESS: daniel@brownandbrowninsurance.com	
INSURED Mathis & Sons Air and Heating, LLC P.O. Box 593226 Orlando FL 32859		INSURER(S) AFFORDING COVERAGE INSURER A: BUSINESSFIRST INSURANCE INSURER B: WESTFIELD INSURANCE 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CWP 8 305 732	08/24/2020	08/24/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	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 <input type="checkbox"/> AUTOS ONLY		CWP 8 305 732	08/24/2020	08/24/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		CWP 8 305 732	08/24/2020	08/24/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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	N/A 0521-16497	10/16/2020	10/16/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

5000 BUSINESS OFFICE	2020	EXPIRES	9/30/2021	5000-1216344
\$30.00	1 EMPLOYEE	1804	CERT CL B A/C CONTRA	\$30.00
				1 EMPLOYEE

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

MATHIS STEVEN-QUALIFIER(CAC1818734)

MATHIS & SONS AIR HEATING LLC
 MATHIS STEVEN
 5649 E COLONIAL SUITE 103
 ORLANDO FL 32806

5649 E COLONIAL #103
 U - ORLANDO, 32806

PAID: \$60.00 0099-00957167 8/18/2020

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.**

5000 BUSINESS OFFICE	2020	EXPIRES	9/30/2021	5000-1216344
\$30.00	1 EMPLOYEE	1804	CERT CL B A/C CONTRA	\$30.00
				1 EMPLOYEE

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



MATHIS STEVEN-QUALIFIER(CAC1818734)

MATHIS & SONS AIR HEATING LLC
 MATHIS STEVEN
 5649 E COLONIAL SUITE 103
 ORLANDO FL 32806

5649 E COLONIAL #103
 U - ORLANDO, 32806

PAID: \$60.00 0099-00957167 8/18/2020

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.